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Practical medicine & surgery.

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Original Contributions.

For Texas Medical Journal.

TRIAL OF MARY NEWBERRY.

BY D. R. WALLACE, M. D., LL. D., WACO, TEXAS.

"THE term insanity conveys quite different meanings to the community, to lawyers and physicians." * * *

"Cases involving the responsibility for crime are decided against science and the evidence, because of certain preconceived notions upon insanity which no amount of skilled opinion can controvert. Jurors, and less often judges, make up their mind what a sane man would do, under given conditions, and of what an insane man is capable, judging from the facts within their own experience; and in forming their decision it is the *act itself*, and not the man, diseased or otherwise, in connection with the act, that chiefly governs them. Often they are right,—not seldom wrong. Strange, illogical and inconsistent action is frequently attributed to the author of it being insane on the subject; whereas, he may be simply acting from strong impulse or emotion, and may be by no means insane. On the other hand, because a man knows right from wrong, and can ordinarily behave well, the very characteristic workings of his insane mind are often seized upon as unquestionable proof of sanity, even when they admit of no explanation to the skilled physician than that of insanity." * * * * * *

"With precisely the same degree of insanity and the same power to control their actions, two murderers may be sentenced,

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—one to death for an act where the motive and method were those of the criminal, and the other to an insane asylum for killing a person under circumstances which are not explainable by sane reasons." * * * * * *

"To the lawyer insanity means only a condition of mind in reference to certain conduct. An insane man is simply *non compos mentis*. Insanity is irresponsibility. The lawyers' definition is narrower than that of the physician." * * *

"In the partly irresponsible condition of mind—often produced by grave hysteria, so-called nervous prostration, and the general mental and moral demoralization often seen in seduced and abandoned women, or after exhausting illness, or following apparent recovery from cerebral hemorrhages or embolism, blows upon the head, sunstroke, chronic alcoholism, syphilis, etc., there may be loss of self-control, or a distinct moral perversion, or a decided change of character without very evident mental impairment."

* * * * * * *

"In this connection the fact should be borne in mind that a very little mental disease can make bad people criminals, and may not take others beyond the bounds of propriety. A criminal may become insane and be still pretty much the same kind of criminal he was before; . . . . the perverse or criminal actions may be about equally explainable on the theory of insanity or wickedness." * * * * *

"The insane man often commits certain crimes precisely as an ordinary sane criminal would do the same thing." * * *

"The person alleged to be insane must, as a rule, be compared with himself at some previous time, and not with some ideal standard which does not exist. Indeed, if we could measure nicely, no two of us could be fairly held to precisely the same degree of accountability. . . . . A belief consistent with one person's whole life and character might indicate such a change in another as to be a mark of insanity." * * *

"It is important to the medical man to keep in mind that there may be a wide difference between medical insanity or mental disease, and legal insanity or irresponsibility. He does most wisely when he confines his testimony to an explanation of the changes caused by disease in the particular case, and to the effect of such changes upon the mind, leaving to the judge's charge and the jury's verdict the question of guilt and responsibility."—(*Chas. F. Folsom, Prof. of Psychology in Medical School of Harvard University.*)

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"Compare a man with himself, his acts and thoughts now, with his acts and thoughts at some previous period, when his mind was in undoubted health; you will the better detect what is morbid, than if you set up a general comparison with the thoughts and acts of mankind."—(*Isaac Roy, Medical Jurisprudence.*)

"Reasoning madmen, whether the mind or morals be diseased, are always the most dangerous and difficult of the cases arising for adjudication." * * * * *

"Wm. Brown was executed at Maidstone, England, in 1812, for strangling a child he accidentally met one morning while walking in the country. On the trial he said he had never seen the child before; had no malice against it; could assign no reason for the dreadful act. . . . He told what he had done—requesting to be taken into custody. He bore an examplary character—never suspected of insanity."

"A young man in perfect health awoke suddenly one night in a fit of raving madness, ill-treated his wife—attempted to jump out of the window, and struck at whatever came in his way. Recovered within an hour and never had another attack." [Any number of similar cases can be given.—D. R. W.]

* * * * * * *

Such cases are confirmatory of Esquerol's opinion that "there exists a species of homicide madness in which no disorder of the intellect can be discovered." * * * *

"We believe that in the condition of the female system alluded to, acts are perpetrated as little according to the healthy, free and deliberate exercises of the individual, and for which they should be considered equally irresponsible; in which, previous to their commission, to all appearance, perfect mental and physical health existed; and subsequent to which a full consciousness and all the bitterness appertaining to the commission of the act are experienced." [Mary Newberry's case precisely.—D. R. W.]

* * * * * * * *

"To those familiar with unsoundness of mind, it is matter of experience that by far the most dangerous class to be treated are patients who show the least evidence of their condition."

* * * * * * * *

"It may appear, nay, it has been asserted, that there is a growing disposition to shield criminality beneath the plea of insanity. Several circumstances have conspired to favor this

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opinion. These circumstances rest in the marked increase in the number of the insane which late years have witnessed, and the juster estimate of the psychopathic relations of crime which their closer study of mental diseases enables physicians to form. The former is confirmed by the various asylums throughout the United Kingdom. The latter especially bears out the observation of Dr. Pritchard, who some years ago thus wrote: "We doubt not the time will come when the very names of many offenses against decorum, now punishable crimes, will be erased from the statute book; and when persons now liable to be sentenced to the pillory or the gallows will be treated as lunatics." Real practical benevolence finds in the application of medical truths additional incentives to commiseration. In their appreciation of the illegal acts of the insane, standing between the violated law and an outraged community, the psychopathic physician has on the most important trials, been compelled to listen to strictures on his evidence tantamount in many instances, to imputation against his integrity, from individuals whose position demanded that, if they did not promote, they should, at least, uphold those principles of justice, which the testimony of the physician has, in the exposition of insanity, so frequently preserved inviolate. . . . Medical science while rejecting fixed rules is dependent on just principles whose cultivation and application rest in the anxious and earnest study of each healthy as well as morbid vital process." * * * * * *

"Truth requires from justice that the insane be held, as regards the law, irresponsible. The object of both the lawyer and physician must be regarded for the purposes of justice and truth as being identical. At no period was it of more importance that the awakened intelligence of mankind which on all sides is active in pursuit of knowledge should know and feel that medical science despite the difficulty, if not obscurity, investing its practical elucidation is still in mental, as in bodily derangement, the instrument which should guide our proceedings, either for the restoration of individual health or the preservation of public safety. * * * * * * *

"We are constrained to believe that life and reputation have been at times sacrificed to the erring vengence of the law, rather than confided to the guarding care of the physician. . . Studying in the great volume of nature written in *works* not *words*.

"J. W. HUME WILLIAMS,
of the Middle Temple, Barrister at Law, London."

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These last excerpts are taken from a recent work, entitled "Unsoundness of Mind in its Legal and Medical Conditions." It will be noted that the writer is not a doctor, but a lawyer,—an eminent barrister of a city that may justly be styled the metropolis of the world.

These extracts from men eminent in law and medical science are placed as introductory to an account of one of the most extraordinary trials that ever took place in Texas, to show what ought to be the status of medical expert testimony in our law courts according to the highest authorities in medicine and law as well.

THE BACKGROUND OF THE PICTURE.

Mrs. Mary Newbetry was born in 1827. Was of humble, obscure parentage. Grew up amid the hardship of frontier life, without education, deprived of all the refining, elevating influences of civilized life. She can neither read nor write.

During the late war between the States,—living in Missouri, she suffered all the mischances and horrors incident to border warfare,—having witnessed numbers of those nearest and dearest to her murdered in cold blood.

Coming to Texas twelve years ago, she lived for first five years with her brother, Sam Barnard. From her brother's she went to live with his son, James Barnard, where she remained up to the time when, George Newberry, a younger son's wife dying, she removed to his place to take charge and care of his three children—the innocents murdered.

COUNTY COURT SCENE—TRIAL UNDER CHARGE OF INSANITY.

Mrs. Newberry was committed to jail, charged with murder of her three grand-children. While awaiting proceedings in the district court, the question of her sanity was raised. A *writ de lunatico inquirendo* issued, and she was placed upon trial. At the instance of the county judge, the writer was employed to attend, examine the defendant, hear the testimony of witnesses, and give an opinion before the jury as a medical expert. Upon his arrival in Cleburne he had placed in his hands the testimony brought out in committing court trial—very voluminous—all of which was carefully read. He then visited the prison and passed nearly an hour with prisoner.

The case called and defendant placed upon trial, charged with insanity, the testimony disclosed about the same facts as those which had already been elicited in committing trial. As was

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to have been expected, her mental condition was known only to those who lived under same roof in daily intimacy. Exhibitions of insane conduct are not generally exposed to the view of strangers, or even neighbors, except it be in cases of wild mania, and even these are sometimes subdued or suppressed in such presence. The sort of insanity most dangerous, to a community and oftenest met in the criminal courts is not obvious to transient observation.

The testimony disclosed the following facts, to-wit:

That up to about twelve years ago, defendant was of a tender, gentle disposition and amiable deportment; useful in neighborhood in nursing the sick, of which she was fond, and for which she was noted wherever she had lived; and that she was seldom or never moved to anger.

That about the time she came to Texas, twelve years previous, then about fifty years old, the climacterium, she began to suffer with frequent attacks of a strange headache, with what she called a burning pain, which she could not describe, on the top of her head. During these paroxysms, she would keep her head bathed in camphor-spirits, and not only head, but all upper part of her body, wet with cold water. During one of these spells, she was severely cramped and violently convulsed, having what the doctor called a hysterical spasm. The whole time she was living at James Barnard's, she suffered in this way, the spells frequently recurrent and lasting from two to six days, during which she would sit with a sort of stony stare into vacancy. In this condition she was constantly picking at herself,—did not seem to know what she was doing; would pull scabs from her neck, put them in her mouth and chew them, and this not only before members of the family, but sometimes in the presence of visitors. Told of it, she would deny it, even while engaged in the act. Attempting to relate any occurrence, she would repeat over and again what was intended for same thing, but giving a different version,—seeming to have no mind and quite as little memory. She would change abruptly from one subject to another having no connection, and would frequently stop short in the midst of her talk, gazing about her idiotically.

That for days she could not be induced to go to the table, saying she was not hungry; but supposing herself unobserved, she would slip food from the cupboard. Asked why, she would deny doing it, even while eating.

That she would become angry with, and refuse to speak to

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members of the family, charging that they were talking about and trying to injure her. On one of these occasions, she made a bed on the floor in a little close room, of sweat-saturated saddle-blankets, in excessively warm weather in July, and remained there all day, resisting all efforts to induce her to leave her uncomfortable quarters. Upon another occasion, hearing a noise in her room, upon opening the door Mrs. Barnard saw she was entirely naked. She seemed greatly excited and frightened.

That these mental infirmities grew on her from year to year, becoming greatly aggravated the last year or two. She had, in early life, a fine mind and memory.

That like most grandmothers, she was very fond of these motherless grandchildren, and they of her, following her like her shadow everywhere she went. She lived with them on their father's place, situated in a thick wood half a mile from nearest house, which was James Barnard's, on whose place Geo. Newberry, the father of the murdered innocents, was farming.

That on the night of the killing, about 3 o'clock, the defendant came to James Barnard's in night clothes, bare of head and feet, collar and night gown bloody, a number of scratches and cuts on neck, seemingly in great distress of mind and of bodily exhaustion, and, though in warm July weather, shivering with cold, and said: "Two men came to Geo. Newberry's house, took me out, tied me to the gate, and, while one of them remained with and guarded me, choking and cutting me about the neck and throat, the other returned to the house and killed the children; on returning to the house after they had gone, I found the children dead."

That some days later, being very ill with one of her usual paroxysms, and thinking, as she stated, she was going to die, she called the family—James Barnard's—about her, and told them in the most solemn way that she was as innocent of the killing of the children as the angels in heaven.

That a day or two afterwards, she called James Barnard alone to her bedside, and told him "that she had been praying to the Lord to know whether or not she did kill the children; that something seemed to come down to her from heaven, telling her that she did it; that the children, too, had been with her in the night,—she was not mistaken, for she saw them, her eyes were wide open, she was not asleep,—they told her she did it, and must confess it, and not let the innocent suffer for the guilty, adding she could not tell why she did it, for she loved the chil-

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dren very dearly; the old devil must have made her do it." The next day she made a similar confession to the county attorney.

That since she confessed to the killing, she has expressed the greatest desire to expiate her crime by death, saying she was not fit to live.

These are the material,—there were a great number of other, circumstantial facts developed. There was a consensus of opinion among the medical men present, with an exception or two, and these held no definite opinion to the contrary,—an opinion based on the act itself and on the evidence as to her mental unsoundness for years prior,—*that the defendant, Mary Newberry, was insane.*

The venerable, learned and distinguished Dr. T. C. Osborn, was clearly of the opinion she was insane.

The accomplished physician and surgeon, Dr. T. J. Wayley, regarded the killing of grandchildren by grandmother as strong evidence of insanity, the annals of crime furnishing no parallel.

The writer gave it as his opinion that she was insane, and had been of more or less mental unsoundness for about twelve years.

She was declared by the jury to be insane. She was committed to the asylum at Terrell, Texas,—the North Texas Hospital for the Insane,—in February, 1892. Why this poor old unfortunate creature, the merest debris of a woman, a human wreck, should have been taken from this retreat, the only proper place for her, and dragged before the courts of the land, there may be those who can explain. But so it was.

The writer was attached and placed under a two hundred dollar bond to be at Cleburne to attend the December term of the district court of Johnson county, there to give evidence in the case of Mary Newberry vs. The State. (Were this the proper place he might stop to inquire: What right has the State of Texas to demand the special skill of one of her citizens—skill that is, presumably, the result of great labor and long study—without proper remuneration? The State, it may be mentioned, has taken months and months of this citizen's time without compensation. Query: Why not, with the same show of reason and justice, appropriate to the use of the State *all* his time, thus rendering him a pauper? Eminent lawyers say the State has no such right. The Supreme Court, it is known, has decided she has this right. What is a law-abiding citizen to do?)

To proceed. The writer was in the court room but a very

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short time before he realized—felt in the very atmosphere—that there had come about, in some way, quite a change in popular feeling, the prevailing one now being that this unfortunate woman must be prosecuted to the death; especially was this so among the ignorant and unthinking. It was very difficult to find twelve men *sufficiently ignorant* to serve on the jury. But after exhausting venires calling for hundreds—be it mentioned to the credit of Johnson county—the jury was at last empaneled.

The testimony as to the facts was substantially as in previous trials and *ut supra*.

The expert testimony was given in much greater detail. Previously, it was simply a question of mental soundness or unsoundness; now it is one of legal responsibility for crime,—not, to be sure, that the expert testimony is to decide that grave question, but it is expected of it that it will so explain the morbid condition, if such exists, as to help judge's charge and jury's verdict in the direction of right and justice. The testimony of the other physicians was substantially as on previous trial. Only Dr. T. C. Osborn's and the writer's was in detail and at length.

Dr. T. C. Osborn, called as an expert, testified as follows, viz: It is my opinion that Mrs. Mary Newberry was insane when she committed the homicide, and my reasons are like this:

1. It is in evidence that she, on many occasions, exhibited striking peculiarities of conduct, altogether different from her former character, for three or four years prior to the act of the homicide, known by the family of her son, and recognized by Dr. Towns, who was called to treat her on one occasion, and who testified that he warned her son of her insanity; and by Dr. Wallace, who in his testimony stated his belief that she had aberration of mind dating from her menopause, which occurred twelve years before the homicide; and in this opinion I concur with him, that in that interval she was suffering from progressive melancholia.

2. According to her own admissions, she "loved the three grandchildren better than anything in the world," and had no other motive for the deed than an uncontrollable impulse, which seemed to her as a dim dream; and it is well known that "many cases of insanity resemble waking dreams." I can therefore see no sane motive for committing the homicide, in any part of the testimony before the court; and when this is taken in connection with the bungling attempt at suicide, which she made immediately after the killing of the children, and her subsequent con-

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fession of the crime, there is but little doubt in my mind of her insanity at the time and for several years prior to the homicide.

3. It is not in testimony that she made any effort to escape, but was the first to inform her family of the killing; nor is it anywhere shown that she had accomplices; and these facts still further convince me of her insanity.

4. That she was laboring under an insane delusion, there can be but little doubt, as there is no evidence to show premeditation, precaution and concealment, other than a stout club found in the house, which is not shown to have been used in any way, and which I am at liberty to suppose was for use in her own protection, rather than as an instrument to kill the children with; but the deed was perpetrated with a butcher knife, and outside the house, while the children were asleep; and this also leaves me at liberty to suppose that she must have tenderly taken them, one at a time, outside the house, so as not to awaken them, having less in view the legal consequences of the act than the trouble it would give her to wash away the blood stains on the bed, and on the floor. This certainly looked very like a "waking dream," and in my opinion, was the act of an insane person, for even in slight degrees of insanity, in many cases there seems to be a loss of power controlling actions.

5. The three children being found side by side, dead, with their throats severed with a sharp instrument, the inference is that, beyond doubt, they were killed at the same time of the night; and this being established by the testimony of a number of witnesses, only one conclusion can be entertained, which is that it was the work of an insane person; for it is only such persons who kill several in such a manner at the same time, as sane people rarely kill more than one at a time, and it is always found in such cases that a sane motive actuated the deed.

These are my reasons for believing that Mrs. Newberry was insane at the time of the homicide, and that such instances of insanity never permanently recover from the mental aberration.

The writer testified as follows: Has been a physician for nearly forty years; has been a student of diseases of the mind and nervous system for nearly twenty-five years. Has had under his treatment and superintendence during this time about three thousand insane people. Has been in same house with insane people between ten and twelve years. He does not claim to be an expert in insanity. Has studied the subject, and lived many years with them, he may, therefore, claim, without im-

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modesty, to know something of the insane—something about the workings of the insane mind. Clearly of the opinion that the defendant is, and has been for a number of years, of unsound mind. For this opinion, based, as it is, partly on personal examination, partly on the act for which she is arraigned, but mostly on the testimony of those who have lived in daily intercourse with her for years, it is not practicable to give his reasons in full; he will gladly answer any questions counsel may see proper to propound as to his reasons for this opinion, but to attempt to give them exhaustively would be nothing less than traversing the whole field of experience and professional studies.

There is no definition of insanity free from objections. The one having as few and as good for all practical purposes as any other is Hammond's, as follows: "A manifestation of disease of the brain, characterized by a general or partial derangement of one or more of the faculties of the mind, and in which, while consciousness is not abolished, mental freedom is weakened, perverted or destroyed." (Book not at hand, but this is the exact idea, and, it is believed, the exact words.)

The lawyer makes insanity the equivalent of irresponsibility. No so the doctor. There may be mental unsoundness or insaneness that does not destroy or interfere with the healthy exercise of the will to such degree as to destroy free agency. On the other hand, there may exist, along with apparent soundness of the intellect, or, at least, without very evident mental impairment, entire loss of self-control and moral perversion, so as to entirely change the character. That the defendant's mental trouble belonged to that class of unsoundness affecting the moral and emotional nature rather than the intellectual, goes without saying, —laboring, as she is, under what alienists term hysteria gravior —a disease of the mind at once the most hopeless and destructive to the more refined and elevated feelings, perverting the moral nature and changing the loveliest character into the most hateful and loathsome—the tender, amiable friend into the savage, vindictive fury. Such the general effect of this disease—the one with which the defendant is most unquestionably affected; it is not for the expert medical man to decide as to the question of legal responsibility. It is for the jury under the charge of the judge to determine to what extent this poor woman's moral nature was perverted and character changed, and therefore, to what extent, if at all, she is legally responsible for what would be criminal acts in a sane person.

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In answer to question by counsel as to mental unsoundness and legal accountability the writer answered: "That the existence of mental unsoundness does not necessarily and in all cases imply legal irresponsibility, is generally accepted. Mental unsoundness is a variable quality. It may be complete, amounting to fatuity—entire mindlessness, gladdened by no hope, aroused into activity by no motive, stirred by no ambition;—it may be so slight as to escape the observation of the most intimate associate, and, if discoverable at all, so only to the scrutiny of the practiced eye of the psychologist. Between these extremes the degrees are as numerous, perhaps, as are the cases of mental unsoundness. To hold that all the manifold diversified cases are equally responsible before the law, were mere verbal trifling—coming little, if any, short of insisting that motive does not give moral complexion to individual acts. Would it not be nearer the mark to hold with the learned psychologist of Harvard University: "Indeed, could we measure nicely, no two of us could be fairly held to the same degree of accountability?"

The above contains a brief outline of the facts and statement of testimony of experts, so-called, before the court—fair and impartial to defendant and State.

J. W. Howe Williams, the learned London barrister, to whom we are so much indebted for the medico-legal doctrines that ought to underlie such investigations as those had in this noted case—quoting Baccaria's observation,—"The happiest of all nations is that in which the laws have not become a science," adds —"We are almost disposed to suspect that he had been studying the question of unsoundness of mind in its relation to responsibility for criminal acts; certainly to no subject is the remark more applicable; for, between the diversity of medical doctrines, antagomisms of legal opinions, uncertainty and difficulty which have been manifested in determining a majority of the cases which the records of criminal jurisprudence supply, one is led to the conclusion, that on this particular subject the lessons of experience have been strangely lost sight of and many doctrines perpetuated with inexplicable pertinacity in direct opposition to ordinary rules, which, in the every day affairs of life, regulate the affairs of men."

Could the distingushed barrister have been priviledged to be present at the trial of Mary Newberry, at the December term of the District Court of Johnson county, Texas, it is believed he would have witnessed a much more edifying exemplification of

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the language of the above quotation, than it has ever been his fortune to hear or read in his native country.

Was it because the laws of this country "have become a science" that common sense and reason seem to have been lost sight of in this trial and that the court-scene was turned into an arena not for administering of justice but for an exhibition of legal gymnastics.

The writer is not quite sure he comprehends what the learned jurisconsult meant by the words,—"laws have not become a science," but this much at least, it is believed, it is safe to infer he did mean:—That nation is the happiest, or best governed, affairs best regulated, whose laws have not crystallized into shapes hardened into forms and stiffened into methods of such inflexible rigidity as renders them unsuitable to and incapable of application in the complicated affairs and conduct of organized society. Forms must be observed—justice can beg:—is this the meaning? Few persons could have witnessed the trial of Mary Newberry free from such feeling. It seemed to the writer that the methods employed were not used for arriving at the facts, but for the suppression of truth. Was it from having witnessed many such court scenes that the most eminent jurist, perhaps that Texas ever had, and for many years supreme judge, after long experience on the district bench, said to the writer that he believed that justice would be more nearly done between man and man, if there was not a law book in the State. It cannot be certainly, that an officer of the court is really more anxious for successful prosecution than that a poor old unfortunate woman should have justice done by her. If she committed the deed, the act being without cause or motive, proves her insane. If she confessed to its commission when not guilty, this showed her to be insane. Just as a century or two ago thousands of crazy old women were burned as witches upon their confession of being guilty of witchcraft. The previous history of the defendant too as sworn to by those living in the same house with her showed beyond a reasonable doubt she was insane when the act was committed, and had been for years. Yet when an aged medical man, no small portion of whose professional life of forty years nearly, has been spent under the same roof with insane people gives it as his opinion, based upon all this evidence, reinforced by a personal examination, that she was when the act was committed, and still is insane, the prosecuting attorney, fearing, it would seem, the effect of this evidence with the jury,

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asked with a very grave look and significant tone of voice, "Doctor, what is your religion?" Did he think because this witness belonged to no church and professed no creed; that he was less capable of telling the truth than if he repeated night and morning on his knees the whole Athernasian creed and swore by the thirty-nine article of faith? Or did he wish to prejudice an ignorant, superstitious jury? It is true, this witness is known, where he is known at all, as belonging to no creed, in fact, as not setting himself up as knowing any great deal about certain matters and events claimed in the name of religion to have happened some thousands of years ago; yet, it is believed he has led a blameless life—a gentleman whose honor and integrity have never been questioned. The writer is glad to be able to state that the good lawyer did not ask the witness if he had driven off any sheep or cows that did not belong to him, stolen any horses, or robbed any hen-roosts. Perhaps he knew these questions would not serve his purpose so well with the jury. To be sure the question was objected to and the court instructed the witness not to answer. It was not expected, of course, the question would be answered. The purpose for which it was put was accomplished—*it got in its work.*

The writer would be understood. The prosecuting attorney was a pleasant amiable gentleman, and for his age, fine lawyer, and outside the courthouse treated witness with marked courtesy. It was not the *man* but the lawyer that is complained of, not the lawyer so much as the *methods* of the law.

That there should be "diversity of medical doctrines and antagonisms of legal opinions," in causes involving the question of responsibility for acts committed by persons of doubtful mental soundness is no more to be wondered at than that intelligent persons should honestly differ in regard to any other matter of inquiry in which the facts are obscure and conflicting, or of difficult or doubtful interpretation. This difficulty, it is believed, does not constitute the chief trouble in such causes in the law courts.

There would be less "diversity of medical doctrines" were only competent medical men called to expound them. That ignorant doctors should be called to the witness stand as experts, to enlighten judge and jury, in regard to questions involving matters of which they are profoundly ignorant, simply because they can be induced from their relations to the parties litigant to give certain opinions,—this it is mainly that diversifies medi-

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cal doctrines, brings reproach upon medical expert testimony, and has caused eminent legal authorities to hold it in low esteem, if not of absolute contempt,—as was expressed by Judge Davis, of the supreme court of Maine, in delivering the opinion in Neal's case. He said: "If there is any kind of testimony that is not only of no value, but worse than that, it is, in my judgment, that of medical experts. They may be able to state the diagnosis of a case more learnedly, but upon the question, whether it had at a given time reached such a stage that the subject of it was incapable of making a contract or irresponsible for his act, the opinion of his neighbors, if men of good common sense, would be worth more than all the medical experts in the country." Similar expressions of the estimate in which eminent legal authorities hold such testimony might be quoted ad infinitum. But the opinion is ventured, they were not based upon medical expert testimony in any proper sense of the word. On the contrary, facts bear out the statement that there is fully as great consensus of opinion among real medical experts as there is among other experts in questions of difficult determination. "The term medical expert may be defined as meaning, one who, by reason of knowledge, skill or experience in medicine is considered by law to be a proper exponent of questions relating thereto." Take the medical expert testimony one hears in the courts of Texas upon the question of responsibility for acts committed by persons of doubtful soundness of mind, and no well informed right thinking person, doctor or not, but would quite agree with Judge Davis in his opinion of it. To call such expressions of opinion on the part of persons with no knowledge of the subject and no other qualification to give testimony medical expert evidence, is to use words without meaning.

In a paper entitled "Medical Expert Testimony, or the Doctor in Court," published some years ago, the writer said:—"Is there any role in which the medical man cuts so shabby a figure, appears to such disadvantage, as when he comes forward as a medical expert in a case in regard to which he has no special information? It is a scene provocative of mirth and ridicule for lawyers and spectators, but, in all conscience, humiliating to the last degree to the true medical man who cares for the honor of his profession. Who that is worthy of the title of M. D. can behold, without a blush, an ignorant creature, as innocent of a knowledge of scientific medicine as of the flora and fauna of the

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north pole, setting himself—a spectacle for men and Gods—as a medical expert in a cause involving principles of which he has not one intelligent idea?

"No medical man, whatever may be his eminence in some one special department of his profession, should allow himself to appear as an expert in a law court in some other in which he knows himself deficient in the necessary information. Dr. A. is an expert surgeon, follows it, as a matter of course, he is an analytical chemist? Dr. B. is a skilful practitioner of general medicine but it does not follow that his opinion is of any special worth in a case of malpractice in surgery. Dr. C. has a national reputation as a gynecologist; it is hardly probable that he is an expert as a psychologist.

It only remains to state that this *remarkable* jury in this *remarkable* case brought in the *remarkable* verdict: "Guilty of murder in the first degree and assessed the punishment at confinement in the penitentiary for life."

It is hardly necessary to state—certainly not to those who are acquainted with the eminent gentlemen and learned jurists constituting our appellate bench —that they very promptly handed down an opinion reversing the verdict.

It it believed Judge Hall should at once order Mary Newberry back into the custody of the Insane Hospital at Terrell, the Superintendent of which is bound to admit her. He has no discretion in the premises. Such, at least, was the opinion, some years ago, of one of the most eminent attorney-generals that ever held office in Texas.

For Texas Medical Journal.

SPINA BIFIDA, WITH A REPORT OF A CASE—OPERATION—RECOVERY.

BY JAMES KENNEDY, M. D., PH. G., SAN ANTONIO.

Read before the San Antonio Medical and Surgical Society, April, 1893.

MR. PRESIDENT AND GENTLEMEN:—If you will kindly bear with me for a few minutes, I will invite your attention to the subject of Spina Bifida.

Spina Bifida is a tumor which forms upon any portion of the spine. Its coverings consist of the tegumentary structures and the membranes of the cord.

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The contents of the tumor varies,—sometimes it contains nerve filaments, nerves, or even a portion of the cord itself, but a constant and essential constituent is the cerebro-spinal fluid.

With reference to the pathology of Spina Bifida, two theories have been advanced,—one is that an early dropsy of the membranes of the cord takes place and prevents ossification of the lamina; another is, that defective ossification is entirely responsible for the deformity. It seems to me that both theories are tenable, and it may be that an early dropsy of the cord membranes produces a Spina Bifida in some cases, while defective ossification brings about the same result in others.

As to the relative frequency of occurrence of this phenomenon statistics seem to show that it has been found about twenty-two times in a little over twenty-two thousand births, or about one per thousand births.

With reference to the diagnosis of Spina Bifida the following points are to be born in mind: The tumor is always situated in the median line and may form in any region of the spine. It has been discovered that a Spina Bifida may form upon the anterior side of the column, and indeed there seems to be no good reason why an accidental failure of the development of bone should not occur as well on one side of the column as the other. The size of the tumor varies from a small sized hen's egg to a fœtal skull, or even larger. It is almost always congenital, although in a few well authenticated cases the tumor made its appearance sometime after birth. The tumor is slightly reducible by pressure, forcing the fluid back into the sub-arachnoidean space.

It occurs most commonly in the lumbo-sacral region. About six-sevenths of all tumors of this character are found in this region; the other seventh is found in the cervical or servico-dorsal. They are very rarely found in the mid-dorsal region.

The tumor may be either pedunculated or sessile.

With reference to the treatment of Spina Bifida we are still very much in the dark, and we have almost as many diverse opinions as we have authorities on this subject.

There are some who favor compression of the sac in order to accomplish absorption of its contents; others favor evacuation by puncture, and there are those who favor the injection of iodine solution, (Morton's) either with or without the withdrawal of a portion of its contents, and again there are those who believe in the ligature, whilst there are still others who believe in

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the wholesomeness of the knife in the treatment of this malady.

When we consider the variability of the contents of the tumor, it is not to be wondered at that opinions are so diverse as regards the treatment of this affection, nor is it remarkable that such different results have been obtained by different operators. If the tumor contains nerves of considerable size or a portion of the cord, as is sometimes the case, it is not to be wondered at that the knife and ligature have failed to cure, or have even killed in a certain considerable number of cases; nor does it require a very great stretch of the imagination to appreciate how sudden collapse may occur from the rapid emptying of the tumor, especially if it be situated high up on the spinal cord.

But when a tumor is situated on the lower portion of the column and contains only cerebro-spinal fluid, nerves and cord being absent, it seems to me that extirpation is the most rational method of procedure. Even if it is situated high up, if the tumor is tied off by means of a rubber ligature before dissection, and then carefully emptied, if no nerves be present, it would seem to me a moderately safe operation.

The case which I am about to report, was a patient of Dr. H. J. Trollinger, of this city, and from whom I obtained the following history:

CASE.

"A negro woman, about thirty-five years of age, and the mother of three children. Tumor about as large as the head of a six months child. History, as given by patient, says that up to six years ago the tumor was about as large as a hen's egg; since then it has grown steadily. Fourteen months ago it began to exude its fluid contents through the pores of the skin. This lasted until the sac was entirely shrunken and flabby; then it began to refill and enlarge. Patient has for years (three or four) complained of a dragging sensation in back of head and neck; a tired feeling of eyes, pain throughout back on walking, and pain in lower limbs when walking."

At the time I saw the case, the tumor was situated at the junction of the fifth lumbar vertebra with the sacrum; it was sessile and about the size of a good sized infant's head. It was fluctuating in character and was very slightly reducible. The integument covering the mass was very thin and tense, and contained cicatrices from previous ulceration.

I was invited by Dr. Trollinger to operate, and with the very

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able assistance of himself and Dr. Russell Caffery, I proceeded to remove the tumor in the following manner:

An elliptical incision, which included the greater portion of the thinned integument, was made, and the remainder of the skin, adherent to the tumor, was dissected away. The mass now being freed down to the point of attachment to the cord, it was opened by incision, and slowly emptied.

Its interior was next examined, and was found to consist of a white, glistening sac, with a bluish tinge. Neither nerves nor cord were contained in it. On examination, a lumen of nearly a half inch, was found at the base of the tumor, and it was clear that it communicated with the cord. The sac was ligated at its point of origin from the cord, well within the spinal canal. The remaining portion of the thinned integument was cut away, on account of its comparatively lifeless character, as I felt sure it would slough. Its removal left a very large area of denudation, which was closed in by the approximation of the cut surfaces. Silver wire was used for deep suturing, and silk was used superficially.

The subsequent history of the case has been furnished me by Dr. Trollinger, and is as follows:

"Patient reacted well from shock of operation, which seemed relatively slight. For first thirty-six hours there was but little elevation of temperature; later, however (fourth day), the temperature was 99.5° F., and rose steadily to 103.4° F., where it remained for about six days, when it began to subside, and became normal on the tenth day, and so remained."

This temperature was evidently septic, because some suppuration occured in the deeper structures. The wound was imperfectly drained by the strips of antiseptic gauze, which we had left in the wound for that purpose. The skin wound united by first intention. As soon as the wound was flushed, the temperature began to subside, and after repeated flushings, became normal.

I regard this case as being of interest, on account of the comparatively small number of cases of this affection who live to the age of thirty-five years, and on account of the successful results following the operation. It is now almost eight weeks since the operation, and the patient has entirely recovered from its effects. The operation was done under extremely unfavorable circumstances, and even a moderate approach to asepsis was impossible to obtain.

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For Texas Medical Journal.

PELVIC INFLAMMATION IN THE FEMALE.

BY W. C. FISHER, M. D.

[Read at Meeting of the Galveston County Medical Society.]

THE organs and tissues that form the internal pelvis are so intimately related anatomically, that it has occurred to me to treat them as a whole. This applies particularly to the organs of generation; what affects one of these, in a great measure, either directly or indirectly, affects the other. Most of my remarks, however, will be confined to the tissues that cover and bind together these organs. There are those who classify pelvic inflammation as cellulitis, peritonitis, metro-peritonitis, etc., and doubtless there are cases where this is correct; but it is often the case where it is hard to say where cellulitis merges into peritonitis, and *vice versa*. I think in all probability, nearly all our cases of so-called cellulitis and peritonitis have their origin in some septic or traumatic influence in the uterus and tubes, and by the absorbents this sepsis is carried to the peritoneum that covers the parts, and to the tissue that connects them; therefore, believing they all originate from the same causes, and because they are so closely related anatomically, I think it best to treat them as one, and not endeavor to differentiate them.

The most prolific source of serious pelvic disease, is gonorrhœa, first attacking the vagina, then the mucous membrane of uterus, on to the mucous membrane of the tubes, there producing a virulent form of inflammation, which affects all the surrounding parts. It has been said that gonorrhœa causes more deaths by those inflamed conditions which it leaves in its track, than does its dread confrere, syphilis. This I believe to be undoubtedly true of gonorrhœal inflammation in the female; a large proportion of tubal and ovarian desease of such a serious nature as to require laparotomy, are the result of this poison, hence it behooves us to treat with much care cases of vulval and vaginal gonorrhœa, in the hope that we may be able to check its destructive march before it invades the limited walls of the uterus and tubes. I also believe that many of our cases of endometritis, were the truth known, are so obstinate and so incurable, or so prone to re-invasion, because the gonorrhœal virus still holds on with stubborn grasp. Another prolific source is,

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lack of cleanliness and proper observation of asepsis in cases of abortion, either as the result of ignorance, laziness or carelessness, or stubbornness on the part of some "old fogy," who has treated a large number of cases in a period of twenty-five or thirty years, with a written report of many recoveries and an unmentioned and unwritten report of a large number who never lived to report the cause of their death.

Individuals of this kind always remind me of the old saying, "convince a woman against her will, and she's of the same opinion still."

The growing desire to be fashionable, to keep up with the demands of society, to limit the household to husband and wife, with perhaps a concession of one, or at most two, children, has rendered the modern society woman the possessor of a conscience so elastic that the murder of the innocent and unborn infant has no horror for her. She will resort to the most nauseous and poisonous draughts to try to dislodge this innocent being from his natural resting place. She will use all contrivances, from a knitting needle to a pen-holder, thrust rudely against the uterus or into the cervical canal. All these failing, as a dernier resort she consults and places herself in the murderous hands of the lowest and most depraved being,—a disgrace to mankind and an unfit associate for the lowest animal of God's creation,—the abortionist. All these means and appliances are used with utter disregard to cleanliness, asepsis, and with no regard to the anatomy of the parts, hence they produce, either from filth, traumatism, or neglect to remove the secundines, a violent septic inflammation, which, in all probability, will either result in death or chronic invalidism. The physician is generally consulted in these cases, after the trouble has reached its acme, for the reason that they desire to hide their crime, or attribute their condition to natural consequences, and not to the true condition of affairs. There are many other causes, but space prevents our further ventilation of causes.

Unfortunately, we meet these inflammatory conditions of the pelvis in their chronic stage, or after the inflammation has reached its height, where there is either a large effusion of lymph, or a still further process, the formation of pus. If we are so fortunate as to recognize a case in the first, or congestive stage, by absolute rest, both physical and physiological, attention to the general condition, and the plentiful irrigation of the parts, we may possibly abort the inflammation, and our patient

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have no ill effects. But if it goes on to the stage of lymph formation, the same line of treatment holds, but unfortunately it is seldom that these patients make an absolute recovery, either due to non-absorption of this effusion, which presses the surrounding organs out of their proper position, or causing much pain and discomfort, or by bands of adhesion, which prevent the normal movements, which often cause so much pain and agony as to demand grave surgical procedure.

We now come to the last stage, that of suppuration, which in its deadly march sends many to the "happy hunting ground," makes many the victims of a horrible existence, with all the trials and tribulations consequent on sepsis, unless a kind and considerate providence directs its path outward through one or more of nature's channels, or unless the deft hand of the surgeon gives a free outlet, or unless dame nature encysts this pus in a sac with thick walls and poor absorbative powers. We must not be too precipitate in our desire to find concealed pus. Unless we can locate it positively, or unless our patient is in immediate danger from sepsis, we are not justified in opening the abdomen. When there is decided pointing or fluctuation in the vagina, or anywhere else, we are not only justified in making a free opening, but if we fail in so doing, we are acting in direct oppositon to the dictates of our surgical conscience. Before closing this paper, I will mention that it has been my lot, in the past three years, to meet three cases of pelvic suppuration, two of these cases occurring within a month of each other, where the pus was discharged plentifully through the bladder with the urine, with wonderful relief to the individuals. No. 1 being a case resulting from some septic influence in the hands of the midwife in attendance, patient making, after the rupture, a complete recovery, and has given birth to one or two children since. No. 2 gave a history, following confinement, of numerous pelvic abscesses, opening through the walls of the vagina, and afterwards, when under my observation, the discharge as stated before. This individual died several weeks ago, I understand, of uræmic coma, and this was no surprise to me, for she was also a victim of chronic nephritis. No. 3, history of pelvic trouble following confinement about six weeks. She had well-marked symptoms of sepsis, and marked physical signs. After rupture, disappearance (gradual) of septic symptoms, and rapid improvement, on a much reduced economy, and I have reason to suspect that she is now pregnant two months.

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These cases have suggested to me that it is one of the best avenues of escape, and unless there be a cystitis, or some break in the continuity of the mucous membrane of the bladder, I do not believe it will become infected.

Another case, illustrating the occasional lack of symptoms of a serious nature, occurred in my practice some months since. I was called to O. R., about twenty years, and found her suffering with a mild form of pelvic inflammation. After a few days of rest, she apparently made a good recovery. From four to six weeks thereafter, I was called to see the same individual, and found her with a well defined tumor, located in the right ovarian region, which felt very much like a simple ovarian cyst. She had no temperature, very little pain, and no symptoms whatever of sepsis. After consultation, I decided to perform laparotomy, which I did, and found a sac containing at least one pint of offensive pus (the sac rupturing and discharging into the cavity). I removed the same rapidly, irrigated with large quantities of boiled water, and my patient made an uninterrupted recovery.

Thanking you, gentlemen, for your forbearance, I leave the subject for your discussion.

DEPARTMENT OF THERAPEUTICS.

[Under the charge of David Cerna, M. D., Ph. D., Demonstrator of Physiology in the Medical Department of the University of Texas, etc.]

HYDROCHLORIDE OF PHENOCOLL.—This new antipyretic has been employed by Kuchalewski (*Kronika Lekarska-Bull. Gener. de Therapeutique*, March 30, 1893) in fifteen patients:—One each of typhoid fever, erysipelas, hepatic colic, chronic myelitis, and facial neuralgia; two of sciatica, and five of articular rheumatism. The author obtained the following results: 1. The drug is a sure antipyretic in doses of from fifty to sixty centigrammes every two hours. 2. In similar cases, phenocoll is an excellent analgesic in certain cases; it also diminishes and often abolishes neuralgic pain. 3. In three out of four cases of chronic articular rheumatism, the use of phenocoll produced a rapid cure. In one case of acute articular rheumatism it did away with the fever, but did not, otherwise, influence the pathological process of the malady. 4. Phenocoll is not suitable for hypodermic use, since it is little soluble in cold water.* 5. The author has

*The editor of this department in a recent research, with Dr. W. S. Carter (Notes on New Remedies, New York, September, 1892,) found the hydrochloride of phenocoll quite soluble in water.

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not seen untoward effects produced by phenocoll even when administered in as high doses as three grammes in the twenty-four hours; neither has it caused disturbances of digestion or of any of the other organs. The urine has often appeared of an intense black color, but it has failed, nevertheless, to respond to Hertl's reaction.

CAFFEINE IN ALCOHOLISM.—Czarkowski (*Gazette Lakarska-Bull. Gener. de Therapeutique*, April 30, 1893) calls attention to the untoward effects of caffeine in the treatment of alcoholic patients. Based upon four personal observations, the author regards the use of caffeine as contra-indicated in alcoholics. In these instances the drug produced cerebral excitement, this disappearing only on discontinuing the administration of the alkaloid. The first case was that of a patient suffering from mitral insufficiency with œdema, in which the excitement was marked after the ingestion of two grammes of the citrate of caffeine, given in the course of twenty-four hours. On stopping the medicament the patient became quiet, but did not remember anything that had occurred during the period of excitation. In the second case, that of a nephritic patient, the cerebral disturbance came on after the fifth dose of twenty centigrammes of the same salt. After the intense excitement there followed a period of quietude accompanied with a loss of consciousness lasting several hours. The third case was one of typhus. In this the influence exercised by several doses, of sixty centigrammes each, was that of a furious delirium, accompanied with a homicidal tendency, a disturbance of which the patient had no knowledge afterwards. The author concludes that in alcoholic patients, the use of caffeine requires discrimination, and that the drug should be employed at the beginning only in small doses, discontinuing the ingestion of the medicament on the appearance of the slightest excitement.

TIN-PLATE TREATMENT OF ULCERS,—Robert Coltman (*The Universal Medical Journal*, April, 1893) has treated four cases of chronic ulceration on the side of the leg by the above method. Cases had all resisted other plans of treatment for several months. The ulcers were washed with 1 to 1000 solution of bi-chloride; he dried the cavity with antiseptic cotton and then filled it with boracic acid, and covered it with a piece of patent lint one-half inch wider than the margins of the ulcer; then fitted a piece of

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ordinary tin can upon the lint and bound the limb tightly with roller bandages. Improvement was immediate; dressings were removed each third day, and, after washing out the ulcer with hot boracic acid solution, they were re-applied. About three weeks sufficed for a cure.

BELLADONNA IN INCARCERATED HERNIA.—V. B. Zagorsky (*Meditzin-Obozren—University Medical Magazine*, May, 1893) reports five cases incarcerated hernia—four inguinal and one umbilical—in which, after taxis had failed, extract of belladonna, in doses of one-fourth of a grain every hour, was followed by spontaneous reduction. The result was attributed to the antispasmodic property of the drug.

TREATMENT OF PSORIASIS.—In an excellent report of the treatment of psoriasis, Henry W. Stelwagon (*University Medical Magazine*, May, 1893) makes the following authoritative statement: For the general treatment the chief remedies were arsenic, liquor potassæ, potassium iodide, potassium acetate, tar and oil of copaiba; and in certain cases tonics, especially cod-liver oil. The most valuable of these were arsenic and liquor potassæ, the latter being particularly so in the markedly inflammatory type occurring in robust patients. Arsenic was an exceedingly useful remedy in first attacks and in patients in whom the disease had been of long duration but who had never been systematically treated; in recurrences and in patients who had previously taken the drug freely, it was without much, if any, value. In the external treatment, plain or alkaline baths, chrysarobin, pyrogallic acid, tar, beta-naphthol, aristol and white precipitate were variously employed. In certain cases of mild type of eruption, even though more or less extensive, a daily alkaline bath, followed by a tolerably vigorous application of a salicylated ointment, (10 to 30 grains to the ounce), often sufficed to remove the disease. Chrysarobin was used either as an ointment or collodion paint, 5 to 20 per cent. strength; pyrogallic acid, as an ointment or paint, 5 to 10 per cent. strength; tar, either as the officinal tar ointment, full strength or weakened, or as an oil, for this latter purpose using the oil of cade, either pure or with one or two parts of alcohol; beta-naphthol, as an ointment, 5 to 15 per cent. strength; and white precipitate, as an ointment, 40 to 100 grains to the ounce. Tar was the most generally applicable and

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useful external remedy; chrysarobin was valuable and often rapidly curative, but it has certain known disadvantages, which make it an unsafe remedy for general use in this class of patients. In conclusion, according to the extensive experience of the author, it may be said that those giving the best results were tar, chrysarobin, and white precipitate; beta-naphthol and aristol, while useful in some cases, did not compare in value to the others named.

SYPHILITIC FEVER.--Two cases of syphilitic fever are described by J. P. Gayon (*La Escuela de Medicina*, Mexico, Jan. 31, 1893). The first patient was a young man who became affected with a well marked phagadenic white chancre of the penis, quite painful to the touch. The resulting adenitis had arrived at the stage of suppuration when the case was first seen. Proper cauterization with nitric acid, thorough antisepsis, and the local application of iodoform, produced in the course of time a complete cure. Twenty days afterwards, however, the patient was attacked by an intense chill followed by a rise of temperature to 40° C. (104°F.), accompanied with cephalalgia, coated tongue, general malaise, and various other symptoms peculiar to a febrile disorder. A thorough examination failed to reveal affection of any of the organs. The fever, with slight morning remissions, remained at the height referred to during three days, and then a pustular eruption, similar to that of small-pox, made its appearance upon the skin, and, particularly upon the mucous membrane of the throat. The history of the case made the diagnosis easy. The patient was evidently suffering now from secondary syphilis. Under specific treatment the fever and all other symptoms quickly disappeared. In the other case the fever assumed an intermittent type, and believing it at first to be one of malarial origin, quinine was administered freely, but this medicament failed to subdue the abnormal bodily temperature. Under specific treatment a cure was again produced as in the former case. According to the author, therefore, syphilis may manifest itself alone by an access of fever, which, as in tuberculosis for example, may assume an intermittant type (hectic) or a continued typhoid form. In both instances, one or the other type of the febrile phenomenon may be due directly to the amount of the toxine absorbed.

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For Texas Medical Journal.

OBSTETRICS AND GYNECOLOGY.

By Wm. Keiller, F. R. C. S. Ed., Professor of Anatomy University of Texas; late Physician for Diseases of Women, Edinburgh Provident Dispensary.]

CERVICAL DYSMENORRHŒA.—Dr. Hanfield Jones viewing dysmenorrhœa from a clinical standpoint recognizes the following varieties:

1. *Neuralgic.*—Pain accompanies the menstrual flow only when patient's health is deficient, similar to other forms of neuralgia.

2. *Inflammatory.*—This form dates from an attack of pelvic peritonitis or cellulitis. It is greatest during the day or two immediately prior to the period, and is relieved by free hemorrhage.

3. *Membranous.*

4. The group of cases which cannot be classed with the above, and variously called "spasmodic, obstructive, mechanical," the groups under the name *cervical*, because they are associated with abnormal conditions at or near the internal os.

In relation to *cervical dysmenorrhœa* he quotes cases to prove:

a. That rhythmical uterine contractions occur during the early part of menstrnation.

b. That inhibition of the cervical or lower uterine sphincter fibres takes place, and thus dilatation of the cervical canal results.

This dilatation he believes commences some hours before the onset of the flow and is completed during the first day.

Following an analogy between this dilatation and that of the first stage of labor, we know that it is quite common for the cervical canal to be opened up till the os externum presents only a thin ring by painless uterine contractions, and even the whole first stage of labor may be painless. In South African races the whole of the first stage of labor is normally painless. We may therefore suppose that the dilatation in normal menstruation is similarly painless, and further, that those causes which give rise to unusual delay and excessive pain in the first stage of labor will be likely to give rise to painful menstrual dilatation. These causes are

1st. *Malposition* of the Uterus.—Compare the painful first stage of in an acutely anteflexed uterus with lax abdominal

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parietes, with the menstrual pain in marked ante and retro displaced uteri. Such cases are relieved by righting the displacement.

2. Muscular spasm of the internal os. This cause, both in labor and menstruation, is removed by full doses of chloral or belladonna. It is probaably not very common.

3. Fibroid thickening at the os internum. Here dilatation gives much relief—drugs are useless.

4. Hyperæsthesia of nerve endings at the internal os. The os is always more or less sensitive to the passing sound, but in some cases the pain is excessive as the sound passes this point. There is usually present endo-cervicitis or endo-metritis, or a history of such a condition which has passed off. The treatment of dysmenorrhœa from this cause is the treatment of the existing inflammation; leeching, salines, iodised phenol, hot douches; or if active inflammation have passed off rapid dilatation will remove the pain.

Lastly, more than one of these causes may co-exist.—*British Medical Journal*, May 27, 1893.

Beginning 24 hours after operations involving ligature of a number of the veins of the broad ligaments, and lasting usually for several days, there is commonly an oozing of blood from the uterus. This is not a reflex nervous phenomenon; but simply due to venous congestion, from interference with the venous return, while the arterial supply has not been extensively cut off. In such cases, in spite of removal of the appendages, menstruation will long persist.

In all operations aiming at the production of retrograde changes in the uterus, the operator should endeavor to tie the chief branches of the ovarian arteries, especially when the operation is done for bleeding fibroids. There is no danger of starving the uterus by cutting off too many of its arteries, the danger is all the other way.

LIGATURE OF THE BROAD LIGAMENT FOR BLEEDING FIBROIDS.—Dr. Playfair expresses his approval of the vaginal ligature of the broad ligaments for bleeding fibroids, as described by Prof. Martin in the *American Journal of Obstetrics* for April, and thinks that in case where, from the position of the tumor, the uterine arteries would be inaccessible from the vagina, they might be reached by abdominal incision.—*Brit. Med. Journal*, June 10, '93.

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HYPERTROPHIC ELONGATION OF THE CERVIX AS A CAUSE OF OBSTRUCTED LABOR.—Dr. S. Griffith cites two cases. 1. Second labor—cervix three inches long—external os presenting at vulva—cervix admitted finger. Prolonged labor resulting in rupture of the uterus. 2. Multipara—cervix hypertrophied but well dilated. Repeated application of forceps ending in delivery after a very severe and prolonged labor. Metritis and death in five or six days.

Professor Simpson describes a case necessitating embryotomy, and another where free incision of the cervix was resorted to.—*Brit. Med. Journal*, May 6, 1893.

UTERINE FIBROID IN PREGNANCY.—Chrobak (*Centralblatl f. Gynak.*, No. 15, '93) removed a uterus at the sixth month of pregnancy, containing a fibroid which weighed five pounds. The tumor contained much necrosed tissue and a cystic cavity. This condition of the tumor explains a method by which fibroids may disappear in pregnancy.

CHOREA IN PREGNANCY.—Puech reports a case of a woman, who, in each of her two pregnancies, suffered from chorea, though she had shown no symptoms of it at any other time. It passed rapidly off after labor.—*Archiv. de Tocol. et de Gynec.*, April.

FIFTY BREECH PRESENTATIONS—ALL CHILDREN SAVED.—Etienne publishes these fifty cases, in which, where the children were viable, no child was lost. The rule is routine interference as follows: Leg or trunk born naturally—cord drawn down as soon as it can be reached—as soon as umbilicus reaches vulva, traction is applied, the assistant pressing firmly and constantly on the fundus, to prevent the arms slipping up or extension of the chin. The shoulders are disengaged and the head delivered by two fingers in mouth and other hand over neck. The special maneuvre is the maintainance of pressure on the fundus.—*Arch. dc Tocol. et de Gynecol.*, May, 1893.

EARLY DIAGNOSIS OF UTERINE CANCER.—Winter laments that three-fourths cases of uterine cancer apply for relief too late. The first sign is free watery discharges, which may last for months before it becomes serious or acquires the characteristic odor. Bleeding is an early sign. It is a most important sign when it occurs after the menopause or in a young woman between the period, after coitus. Pain is a late symptom and seldom appears till after the cellular tissue is invaded. No age is exempt from uterine cancer.—*Rev. Med.* (*Louvain*), March, '93.

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Society Notes.

The Austin District Medtcal Society held its twenty-third quarterly session in Austin, June 22d ult. The attendance was fair,—larger than usual from adjacent country. In the absence of President Talley (of Temple), Dr. C. A. Danforth, of Granger, 1st Vice-President, presided. The program, as published in our last issue, was carried out. The paper, by Dr. W. J. Mathews, on "Treatment of Salpingitis without Operation," elicited interesting discussion, as did that of Dr. Cunningham on "Puerperal Eclampsia." Drs. C. O. Weller, A. N. Denton, G. W. Christian, Sec. Bennett and others participated, as did Dr. J. F. Y. Paine, of Galveston, Professor of Obstetrics in the Texas Medical College. Prof. Paine was made an honorary member; and Drs. H. B. Granberry, of Austin; E. M. Thomas, of Walburg; J. T. O'Bar, Ledbetter; J. L. Lee, Del Valle, C. J. Forbes, Round Rock, elected to active membership. The above mentioned papers, together with the substance of the remarks by the several gentlemen will appear in our next issue. Dr. Wallace and Dr. Cunningham being absent, their papers were not discussed.

Dr. Daniel read a paper, prepared by request, on the "So-called Bichloride of Gold Treatment; its Relation to the Profession and the People." [Not "a paper on the Keeley Cure, its Ethical Status," as announced in the program; it is objected that the "Keeley Cure" *has* no ethical status.] The paper was very generally commended and by some members highly complimented, —the views held by the author being, in the main, endorsed. It elicited, however, some adverse criticism, and created considerable interest. We regret our inability to give this discussion. The paper will be published in this month's issue of the *Texas Sanitarian*.

A Meeting of the Johnson County Medical Society was held on the 13th day of June, at Cleburne, in the office of Dr. T. C. Osborn, according to the call of the President.

The Society, dormant for some time, was re-vivified and the following officers were elected: President—Dr. J. L. Wagley; First Vice-President—Dr. J. M. Towns; Second Vice-President —Dr. W. M. Yater; Secretary and Treasurer—Dr. T. C. Osborn, for one year.

Drs. J. L. Wagley, T. C. Osborn and G. B. Colby were selected as the Board of Censors, for three years.

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EDITORIAL DEPARTMENT.

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S. E. HUDSON, M. D., Managing Editor.
A. J. SMITH. M. D., Galveston, Associate Editor.

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PROF. WM. KEILLER, M. D., Texas Medical College, Galveston; Obstetrics and Gynecology.
PROF. DAVID CERNA, M. D., Texas Medical College, Galveston; Therapeutics.
PROF. A. J. SMITH, M. D., Texas Medical College, Galveston; Medicine.
DR. ISADORE DYER, Tulane University; Dermatology.
DR. R. H. L. BIBB, Saltillo, Mexico; Foreign Correspondent.
DR. ROBT. MORRIS, Charity Hospital, N. O.; Clinical Reports.

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The JOURNAL is the official organ of the Austin District Medical Society, the Wes Texas District Medical Society and the Galveston County Medical Society.

SPECIAL PROVISION FOR EPILEPSY.

Epilepsy is the despair of the general practitioner. The field of medicine is so extensive and so rapidly widening that "specialists" in almost every branch, have become a pressing necessity. No man, especially one remote from medical centers, can keep so thoroughly posted on every branch as to be able, without warning and special preparation, to do full justice to every kind of case that presents. Imagine a man repairing a ruptured perineum, *secumdem artem* at 9 o'clock; extracting a cataract at 10; making a laparotomy at 11; trephining the skull at 12; lancing the baby's gums at 1. Why, he would be more than mortal; and must be super-human indeed, to be able to sandwich between these acts, visits to sick, and to prescribe for diarrhoea, la grippe, cholera morbus, neuralgia and the thousand and one ailments that affect human nature. We want to see learned men narrowing their practice down to one branch, or to one organ, as it *used to be*, in the olden times. Why not? Why not make epilepsy a specialty? There is too much in the general field "neurology;" it ought to be sub-divided. Then, again, all epilepsy is not neurotic, some cases are caused by mechanical pressure, and can be relieved by trephining.

By the bye, this leads us to recall the fact that Dr. B. E.

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Hadra, of Galveston, has been creating a stir in surgical circles recently by his investigations upon epilepsy. His paper on "Combined Surgical and Electrical Treatment of the Brain in Epilepsy with Report of Some Cases," which was read by him at the Southern Surgical and Gynecological Association, has awakened a new interest in the subject, and the author has received a great many letters from physicians throughout the country, asking him to continue his investigations and publish the results.

Dr. Hadra is like all learned Germans we ever met; he is skeptical. He will take no man's word for it; will accept nothing which cannot be demonstrated. And that is right. Were there no doubt there would be no inquiry. Were there no inquiry and experiments, there would be no *progress*,—and the world certainly "do more." The JOURNAL feels an interest in Dr. Hadra's investigations, and will watch them with interest. In this connection we will say that during our recent visit to Galveston we visited and inspected the hospitals and college buildings. We were truly surprised at the provision there made for the indigent sick; while for pay patients every luxury and comfort can be had. At the two splendidly equipped hospitals, both under the ablest medical and surgical management, there is ample accommodation; and inquiry elicited the astonishing fact that a patient of limited means can be splendidly cared for and receive the highest skill in treatment, medical or surgical, at an expense not exceeding *one dollar a day*. This covers all expense.

Physicians having troublesome cases of epilepsy, can send them to Galveston with the assurance that they will be well cared for and receive the especial attention of Dr. Hadra if a note be dropped him along with the patient.

NEWSPAPERS AND THE DOCTORS.

The secular press, as a rule, is decidedly inimical to the regular medical profession. The reason assigned by the profession is, that regular physicians do not advertise. Be that as it may, the large majority of newspapers show a decided preference for the advertising class, and seldom have a good word for the class who do not advertise. Of course, there are exceptions; but even the exceptions may be accounted for on personal grounds. It may be that an editor, or a local editor or reporter, is especially friendly to a doctor, or may be under obligations to him. He

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may feel that he ought to say something nice about this doctor, —and he goes ahead and says it. It may be, doubtless is, well-meant; these parties do not understand all the nice points in medical etiquette, and know little or nothing of our code, and hence it happens, oftener than otherwise, that the editor or reporter says something (intended, mind you, for a compliment or as a help to the doctor) of which the doctor, when he sees it, is very much ashamed; something, may be, which makes him ridiculous in the eyes of his colleagues, or even brings him into contempt with his brethren;—bsides, in many cases, the doctor is unjustly suspected of being privy to the "notice."

So well known is the fact that one is often suspected in matters of this kind, that physicians have, in some localities, requested editors to please not mention their name in connection with any "case." That, we think, is going a little too far. In case of an accident, it is the newspapers' business to give the particulars, and, we think, legitimate, to say Dr. So and So set the bone, for instance, or rendered timely surgical or medical aid.

But this thing takes a wide range, and it is hard to draw a line. If there is one thing which is held in contempt by the regular profession more than another, it is the indirect method of advertising; getting one's name in the paper in connection with every accident or case of serious illness; and we may say, rightly or not, the one owning the name is very promptly and very generally suspected of it, if it occur often, may be accused of it; and we know of more than one instance where it has been brought up against a member in his local society. Readers may recall a quite notorious case, which led to the expulsion of a prominent member of a County Society, and it turned out in the end that the offensive paragraph had been inserted in the paper by the father of a grateful patient, without the knowledge, even, of the physician named.

Not very long ago, a newspaper stated that Doctor ——, in a lower county, had bought another pair of fine horses; that his practice was so extensive and laborious that he kept six horses in steady and active use, etc. This paragraph was promptly clipped by another doctor in the same town, and sent to the editor of the JOURNAL. The doctor referred to by the newspaper disclaimed authority for its appearance, and said he had often asked the editor to not use his name in any such way.

The following case has recently been brought to the JOURNAL'S

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attention. It must be very exasperating to the physician with whose name such liberty is taken, for he is a well known member of the State Association and of several local Societies, and is generally respected as an ethical physician. It is hardly to be supposed that he would authorize a statement which many physicians in his county know to be not true; and to make such claim for him is sure to bring him into contempt with his professional brethren of the very best class. A paper which will take such a liberty with a physician as to really scandalize him, as in this case, should be prosecuted for libel. We reproduce the article, and a comment on it by X. Y. Z., in another paper, suppressing the physician's name, but giving the paper. The JOURNAL will be pleased to have this question discussed:

"Dr. B. was called to —— this week, to perform the sixth operation of intubation ever performed in the State, he having performed the other five. The patient was a little child of Mike Friste, suffering with diphtheritic croup, and its life was despaired of when the doctor reached it. In half an hour the child was playing, and suffering no inconvenience from the operation. The doctor has the only case of instruments of the kind in the State. 'Es ist emer goor etwas suwezen.'"*

"EDITOR FORUM:—Referring to the above, please allow me to say the *Times* is mistaken. The operation of intubation has not only been performed by other physicians in the State of Texas besides Dr. B., but it has been performed thirteen times by a physician residing in the city of T—. It is not owing to ignorance or lack of skill on the part of the profession, that this operation is not performed oftener; it is because it is considered no safer than tracheotomy, the death rate being about the same from each operation."—*X. Y. Z., in Forum.*

If anything were lacking to make completely absurd the position in which the doctor is placed by this doubtless well meant paragraph, it is the fact, as we have been informed, that the child, so opportunely saved, (?) died shortly after the operation; to say nothing of the German proverb which assumes for Dr. B all the medical knowledge of the State. [Name and place given in the "*Times*," but omitted here.—ED.].

THE PATHOLOGICAL MUSEUM OF THE UNIVERSITY OF TEXAS. —The Medical Department of the University of Texas is exceedingly anxious to collect an many unique or typical examples of pathological processes as possible, for purposes of illustration in

*It is good sometimes to know something."

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class and for preservation. The pathological department is prepared to receive any such specimens, and will gladly furnish any desired reports upon them. The specimens will be well preserved and labelled, and the name of the donor credited upon the label and in the catalogue of the museum. Physicians, and citizens of the State generally, are earnestly desired to forward to the Pathological Laboratory of the Medical Department of the University of Texas, Galveston, Texas, any specimens of medical interest, whether from the human body or not, such as tumors, malformations, diseased organs, calculi, specimens illustrating surgical injuries to bones or soft parts, specimens of parasites of man or beast, examples of poisonous reptiles, weapons—in short, anything which will serve to illustrate some point in medicine. Scientific curiosities bearing upon ethnology, the doctrine of evolution of species, comparative anatomy, all are most heartily welcome.

Any person who is willing to contribute to the development of the museum, may promptly obtain directions as to packing and transportation, by addressing

ALLEN J. SMITH, M. D.,
Professor of Pathology, University of Texas,
Galveston, Texas.

DELIVER US FROM OUR FRIENDS.—Lightning Love, of the Magnificent *Medical Mirror*, defends his friend, the quandam editor of the *Weekly Medical Review*, in the following equivocal manner. Reproducing our article, "The Free-booter Again," in which we charged the *Weekly Medical Review* with repeated piracy on our columns, and its editor, Ohman Dumesnil (provokingly set up by our compositor and appearing in first "proof" as "old man Damsneak"), with playing us a shabby trick, the *Mirror* indulges in the following "reflections:"

"We would remark, for the information of Brother Daniel, that Dumesnil is a good fellow. He does not mean to play shabby tricks, but then you know, when a man hires himself to a journal such as the one referred to, which is nothing more than the official organ of a proprietary medicine company, even though he be as good a man as Dumesnil, particularly with a proprietor that puts into his journal what he pleases, in spite of the editor, he may sometimes be made to appear worse than he is."

This reminds us of the old fellow whose son was convicted of

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larceny. He said, "Jimmy's a good boy, but he *will steal.*" Love would throw the blame on the publishers of the *Review*, forgetting the editor's letter in which he *claimed the right to steal*, alleging that it was a "custom."

BLOOD ON THE MEDICAL MOON.—Culbertson, so long known as the fighting editor of the *Cincinnati Lancet Clinic*, was not a candidate for re-election to the editorial chair of the *Journal of the American Medical Association* at the recent meeting (a Doctor Crandall, of New York, was elected his successor). In the June 24th issue of the Journal, Culbertson has his validictory editorial, in which he reviews the Journal's business under his two year editorial management, and winds up with a red hot denunciations of one Dr. R. Harvey Reed, whom he accuses of having issued a type-writtten circular, stating that under Culbertson the Journal had gotten $10,000 in debt. This statement Dr. C. denounces as outrageously false and in law, libelous, and the action of the writer as infamous, and says, "To be a fool and a crank does not excuse a man for a crime." It strikes us Reed has got to fight. Culbertson is back at the helm of his splendid little weekly, the *Lancet Clinic*, which he should never have left.

CHARITY HOSPITAL TRAINING SCHOOL FOR NURSES, NEW ORLEANS.—The main purposes of this school are to educate and suitably train classes of good and intelligent women, who may follow their vocation as trained nurses in the Charity Hospital or elsewhere. Young women of good character who desire to learn a good profession, should write to Sister Agnes, Charity Hospital, New Orleans, for blanks and instructions.

This is another avenue open to women, where they can make a support, and at the same time do good. The services of a trained professional nurse are always in demand in cities, and they receive good wages. Those who do not want to teach or sew or clerk in a shop, will do well to investigate this opportunity.

DR. RICHMOND B. MCKINNEY, of Memphis, was a welcome visitor to the JOURNAL'S sanctum last month; Dr. McKinney has charge of the business end of that sterling publication—the *Memphis Medical Monthly*, and having received his medical training and his journal training at the hands of that rare man

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and extraordinary editor and physician, Prof. Sim, is a *good one*, a "chip of the old block." We predict for this promising young physician and journalist a brilliant career, and wish him all success.

Medical News and Miscellany.

Dr. L. M. Stroud has removed from Forney to Terrell, Texas.

Died, at New Boston, Texas, May 29, 1893, Dr. J. M. Ball, an old resident physician of Bowie county.

To be "in the swim" is now expressed—"participating in the aquatic gymnastics of the natatorium."

Dr. Sam Cunningham, of Elgin, is taking a course at the New York Polyclinic—a great favorite with Texas physicians.

Prof. A. J. Smith's "copy" for his department (Medicine) and his paper on Rail Road Spine, came too late for this issue.

Dr. L. L. Shropshire, of San Antonio, is at the New York Polyclinic; will leave there July 15th for Chicago, and be at home August 1st.

A Sudden Death.—While riding on a horse, Dr. Farrell, of Gregory, fell from the saddle, and remained in an unconscious condition until he died, June 22.

Married.—In Monterey, Mexico, June — ult., Miss Lee Boyers to Dr. George Stell, both of Monterey. Dr. Stell is a son of Dr. W. W. Stell, of Monterey, late of Austin, Texas.

Dr. A. C. Walker, long time resident of Rockdale, has, a second time, removed to Fort Worth, and joined Dr. E. J. Beall in the general practice. They do an immense amount of surgery.

Dr. W. C. Fisher, whose paper appears in this issue, has been appointed City Physician of Galveston, with a good salary. This appointment was one of the first official acts of His Honor, Mayor (Dr.) A. W. Fly. *Good.*

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Married.—At Orange, Texas, June 27th ult., Miss Laura, daughter of Mr. and Mrs. A. Gilmer, to Dr. Frederick Hadra, both of Orange, Texas. Dr. Hadra is the son of Dr. B. E. Hadra, the distinguished surgeon and gynecologist.

Government Medical School.—Secretary Lamont has adopted the recommendation of Surgeon General Sternberg, and ordered the establishment of an army medical school, in Washington, for instruction of approved candidates for admission to the medical corps of the army.

A Thoroughly Competent Druggist, twenty-eight years of age, married, desires a situation. Speaks Spanish and English, and has had ten years experience. Best testimonials as to character, and habits and qualifications. Address "D," care this journal, Austin, Texas.

Dr. West's Letter in our June number about the *Buffet Banquet* at the Galveston meeting has been sharply criticised, and the JOURNAL is in receipt of a letter upon this subject from a prominent member, an ex-President, which came too late for this issue. It will appear in our next.

Dr. A. W. Fly was elected Mayor of Galveston, June 1st, by a tremendous majority, defeating Col. Fulton by 1893 votes, out of 3000 odd. Fulton had held the office ten consecutive years. Fly is a *trump* and will make a lightning good Mayor, or a good anything where brains and pluck are the requisites.

This, the initial number of TEXAS MEDICAL JOURNAL, known for eight years as "*Daniel's* Texas Medical Journal," and the initial number of Vol. 9, enlarged and improved, is *decidedly* a medical college number, our list of medical college advertisements embracing nearly every college of any repute. See them all.

There are so many graduates of the Memphis Hospital Medical College in Texas, that they are organized, and hold annual reunions. The reunion of 1893 was held at Dallas, June 20th ult., and there was a large attendance. Why not let the *Alumni* of other colleges organize also? At some schools besides Memphis, there are from fifty to seventy-five Texas students each year.

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Dr. O. M. Turner, of Mississippi, a graduate of Tulane University Medical College, and a son of Dr. D. B. Turner, of Winona, Miss., has located in Austin to practice. Dr. Turner brings letters of endorsement from leading Mississippi physicians, and we bespeak for him a courteous reception by the physicians of Texas.

Dr. P. K. Wortham has removed from Waco to Reisel, McLennan county, Texas. Dr. Wortham, it will be remembered, suffered heavy loss by fire, not long ago, in Waco, having his house and contents destroyed. The JOURNAL extends best wishes to Dr. Wortham, and hopes that in his new home he may speedily recoup his losses.

Drs. Ralph Steiner and J. O. Lewright, of Austin, will shortly sail for Europe. They go to Germany to study. Dr. Steiner will remain two years, fitting himself for a specialty—chest and throat—and will return to Austin. Dr. Lewright takes a general course. They will correspond with the JOURNAL, giving all the clinical news of importance.

For Sale.—Dr. W. B. Anderson, whose card appeared in the JOURNAL last winter, now, since his expected trip is close at hand, offers his property for less than cost. This is certainly an unusual opportunity, for the Doctor can put a physician into an annual $2000 practice at once without opposition. Address him at CONTENT, RUNNELS CO., TEXAS.

A sensation was created in Austin recently by the death of a well known dipsomaniac while taking the "treatment" at the "Hagey Institute." Old Capt. Orr was the patient. The Hagey people say that he violated his pledge to not drink elsewhere than at the "institute," went off and got terribly drunk, and—died. No inquest was held.

Tally *two* in Austin; one laid to the homeopathic Keely, and this one to its rival, the Hagey.

Death of Dr. Becton's Daughter.—The JOURNAL learns with much regret of the death of Mrs. Mary O. Chandler, daughter of Dr. E. P. Becton, of Sulphur Springs. She died at her father's house, May 31. Mrs. Chandler was born at Tarrant, Hopkins county, Texas, August the 8th, 1872. She was educated at Central College, graduating from that institution in letters and

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music with the highest honors of the class in 1890. She was married to Rev. S. E. Chandler, Professor of Systematic Theology and Greek in Austin College, Sherman, December 2d, 1892. She was laid to rest in the city cemetery in Sulphur Springs, June 1st ult. The JOURNAL tenders its sincere sympathy to the bereaved family.

Death of Dr. Powell.—Dr. Belitha Powell, one of the oldest resident physicians of Houston, was found dead in bed the morning of June 17th ult., supposed to have died of heart disease. Dr. Powell was born in Maryland, May 3, 1832. He was a graduate of Jefferson Medical College of the class of 1853. He was chief surgeon of the 4th Louisiana battalion, in the Confederate Army, during the early part of the war; was transferred to the Trans-Mississippi Department in 1862, and organized the hospitals of that department. Settled in Houston in 1866, and resided there continuously till date of his death. His wife, to whom he was married in September, 1857, was Sallie G. Harvey, of Madison parish, Louisana.

Run the Blockade.—A death from small-pox occurred recently in Torreno, Mexico. The man's wife took her child, and passing through Eagle Pass, went to San Antonio. The child there developed small-pox. This was promptly reported to State Health Officer Swearingen, who at once instituted inquiry as to how the woman got into Texas, and ascertained that she swore she had not been in contact with small-pox, nothwithstanding she was just from the room in which her husband died,—thus not only violating the quarantine laws of the State, but committing perjury. The case is being further investigated; meantime Quarantine Inspector Lott, of Eagle Pass, is fully exonorated from blame. No other cases occurred.

Surgical Instruments.—A recent number of Meyer Bros. & Co.'s St. Louis *Drug Magazine* states that the Fort Worth Pharmacy Company, of Fort Worth, carries the largest stock of Surgical Instruments and mechanical curative devices in the Southwest. We are personally acquainted with these people and have a correct knowledge of their stock, fully endorse the above, and will further say, their prices we know to be as low as any of the Eastern houses, and that they are now giving good satisfaction to five hundred Texas doctors whom they number as their patrons. A year ago we asked the profession to aid us in building

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up this house—a home institution—where orders could be promptly filled and delivered. We have now to say that satisfactory results are being obtained. The Fort Worth Pharmacy Company are also agents for three manufactories of Electric Batteries and two manufactories of Physicians' Chairs. Write to them for what you may want.

Book Notices.

PSYCHOPATHIA SEXUALIS, WITH ESPECIAL REFERENCE TO CONTRARY SEXUAL INSTINCT. A Medico-Legal Study. By Dr. R. von Krafft-Ebing, Professor of Psychiatry and Neurology, University of Virginia. Authorized translation of the seventh, enlarged and revised, German edition. By Charles Gilbert Chaddock, M. D., Professor of Mental and Nervous Diseases, Marion-Sims College of Medicine, St. Louis; Fellow of the Chicago Academy of Medicine; Corresponding Member of the Detroit Academy of Medicine: Associate Member of the American Medico-Psychological Association, etc. In one Royal Octavo volume, 436 pages, Extra Cloth, $3.00 net; Sheep $4.00 net. *Sold only by subscription.* Philadelphia. The F. A. Davis Company, Publishers, 1914 and 1916 Cherry street.

But for the medico-legal aspect of the subject considered, and the necessity that often arises in the courts of law for a thorough knowledge of the pathology of the sexual instinct, we very much doubt the propriety of writing a book on so disgusting a subject and of recording the filthy details of cases of sexual perversions. Under existing circumstances, however, a work on this subject will be found of immense value to both lawyers and physicians. We have to consider not merely a matter of taste but one of necessity. Few authors have gone into this territory, and perhaps none of them have gone further than Dr. Krafft-Ebing. The author reports a large number of cases from his own experience. The first two sections of the book are devoted to the consideration of the physiology and psychology of the sexual life, and while the author expresses some opinions somewhat at variance with the generally accepted views on these subjects, he brings forward some strong proof, and draws from his own rich experience, in support of his position. He gives a careful description of sedism, perversion, contrary sexual instinct, masochism, fetichism, urnings, etc. A number of cases are reported under these heads. This part of the book will be of vast assistance to the

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physician in making a proper classification of cases of sexual perversion. The author reports some cases cured by hypnotic suggestions and he attaches much importance to this method of treatment. The book is written in a clear, forcible style, will be easily understood, as both the author and the translator have done their work in a masterly way. We recommend the book to any physician or lawyer who desires to study this subject. H.

ELEMENTS OF HUMAN PHYSIOLOGY.—By Ernest H. Sterling, M. D., London, M. R. C. P., Joint Lecturer on Physiology at Guy's Hospital, London, member of Physiological Society, etc. 100 illustrations. 12 mo., 436 pages. Cloth, $2. P. Blackiston, Son & Co., Publishers, 1012 Walnut st., Philadelphia.

This is a splendidly written little text book, in which the author has presented the main facts of Physiology that are of interest to the medical student, in a clear and concise manner. The book gives the latest physiological experiments and investigations, and thus possesses the special merit of being fully up to date.

When we consider how rapidly the science of physiology is developing, due to the experiments and investigations of leading physiologists of the present day. this feature of the book can be fully appreciated.

The subjects treated of are presented in such a clear and concise manner, that no student need have any difficulty in fully understanding them. The author very properly leaves the subject of histology largely to works on anatomy. The introductory chapter is within itself an epitome of physiology, as understood and taught at the present time. The chapters on the chemical constituents of the body, blood and lymph; the general properties of nerve fibres; the vascular mechanism; digestion, perspiration, excretion, etc., are especially fine. The author says much in few words, and these few words are plain and to the point.

The book is a very meritorious one and should have a large sale. H.

CHOLERA. ITS PROTEAN ASPECTS AND ITS MANAGEMENT. By Dr. G. Archie Stockwell, F. Z. S., Member New Sydenham Society, London. In two volumes of about 150 pages each. Price per volume, Paper, 25 cts.; cloth, 30 cts. Geo. S. Davis, Publisher, Detroit, Mich.

The work before us gives evidence of much care and study in its preparation. The author quotes from the leading writers of the day, and while he does not always agree with what they say,

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A PURE HYDRATED OXIDE OF MAGNESIUM.—(MgH_2O_2.)

ANTACID.

Practically Magnesia in permanent solution—not mechanically suspended—Miscible with other fluids—A mild and pleasant laxative—Free from carbonic acid, and in a form easy of administration and absorption. No danger from concretions as with the calcined. It combines well with Syr. Rhubarb, Soda, Opium, the vegetable astringents, etc., and will be found superior to bulky Lime water and Chalk mixtures for addition to milk.

Especially applicable to disturbances of the gastro-intestinal tract in infant, child and adult life. Neutralizes the acrid acid secretions of diseased mucous surfaces. Indicated also in the Gouty and Rheumatic diathesis in combination with Salicylate of Soda, rendering the latter more efficient and less irritating to the stomach.

PHOSPHO-MURIATE OF QUININE,

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A RELIABLE ALTERATO-CONSTRUCTIVE,

Particularly applicable to conditions of **mal-nutrition.**

A reliable **tonic** in **convalescence** from the exanthemata, and of obvious indication in those cases whose deficiency of the Phosphates results in **glandular enlargements, scrofulosis, imperfect bone formation,** or **impairment of the central nervous system.** An easily appropriated and stable combination of the Soluble **Wheat Phosphates** with **Muriate** of **Quinine, Iron** and **Strychnia.**

Of greater strength than the various Hypophosphite compounds.

The above Preparations are put up in Dispensing and Trade Containers.

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"CAP'N CUTTLE."

"The nature of the Sickness found, What is the Remedy?" —*Troilus and Cressida.*

In Cholera Infantum and summer diarrhœal disorders "the nature of the sickness," in its incipiency, is most frequently a *functional weakness* of digestion. The organic changes consequent upon inflammatory action, are sequelae resulting from the continuance and extension of this deficient functination. This, we take it, constitutes the "pith and marrow" of the causation of the trouble. Then: "What is the remedy?"

Lactopeptine will greatly aid in restoring such weak functions to their normal vigor, by furnishing the digestive juices with the natural ferments which they lack. If you are not familiar with the use of Lactopeptine in these cases, Doctor, like

Cap'n Cuttle, "make a note of it."

Send for "LACTOPEPTINE CALENDAR." Just out.

The N. Y. Pharmacal Association,
YONKERS, N. Y.

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he gives some good reason for disagreeing. He treats the subject under the following heads: History, Epidemiology, Transmission dangers, Pathological discussion, Cholera characteristics, Reaction and Convalescence, Cholera Diarrhœa and Cholerine, Specific Pathology, Prophylaxis, past management of Cholera, general management during epidemics, management of pronounced Cholera, evidences of value of vagus treatment. Then follows the following appendices—"A" The history of European cholera and Asiatic cholera; "B" Asiatic cholera in Europe and America; report of State Board of Health of Tennessee; "C," The recent epidemic at Hamburg, by Prof. Max von Pettenkoffer. The author takes the ground that sanitation effects but little in the way of preventing the development and spread of cholera. He does not believe that the comma bacillus of Koch is the pathogenic agent of cholera but that it is a poison acting on the central nervous system and the influence thereby manifested upon and through the great sympathetic. He ridicules the old line of treatment, and proves by statistics that the treatment recommended by Alexander Harkin,—inhibition of the vagus, counter irritation, blisters, etc., behind the ears—is the only satisfactory one. The book is a very interesting one, written in a pleasing and pointed style, and in view of the threatened cholera invasion this year, will doubtless be much sought after and read. It is worthy of careful perusal. H.

GUIDE TO DISSECTION OF THE HUMAN BODY,—Comprising improved methods and formulæ of work to be accomplished. By Irving S. Haynes, Ph. B., M. D., Demonstrator of Anatomy in the Medical Department of the University of the city of New York. Member of the Society of the Alumni of Bellevue Hospital, etc., etc. 250 pages, oblong, 12 mo. Pocket edition. Price $1.00. E. B. Treat, Publisher, 5 Cooper Union, New York.

This little work is, as the author states, intended "to supply the beginner with definite directions founded on practical experience in the dissecting room, economize his time by being short and to the point, to fill the gap between the actual dissection of the cadaver and the descriptive anatomy of the standard text books, by giving as clearly as possible the *methods* by which structures are to be exposed; and, above all, it aims to answer this constant question, "What shall I do next?" The purpose of the author as set forth above are well worth the careful thought and attention of any medical man, and the time

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Dr. Haynes has given to this work is labor well bestowed. In our opinion he has attained the objects sought, and has thus "filled a long felt want."

The author divides the work of dissecting the entire body into three courses of three weeks each, taking for the first course the head and neck; second course, the upper extremity and thorax; third course, perineum, male, perineum, female, lower extremity and abdomen. He first gives the line of incision that should be made, and the various structures brought to view by this incision, then how to dissect the different structures so as to see all in their normal relations to each other etc. Altogether it is a work of considerable merit and will be of much assistance to the student in the dissecting room. H.

HISTORY OF THE LIFE OF D. HAYES AGNEW, M. D., LL. D. By J. Howe Adams, M. D. With fourteen full-page portraits and other illustrations. In one large Royal Octavo volume, 376 pages, Extra Cloth, beveled edges, $2.50: Half-Morocco, gilt top, $3.50 net. *Sold only by subscription.* Philadelphia. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

In presenting the history of the life and life-work of Dr. Agnew, Dr. Adams, the author, states that Dr. Agnew lived his life without thought of a biographer, consequently but little data for this work could be found among his papers. Under these circumstances the author has had to depend on Mrs. Agnew and the friends of Dr. Agnew for the material necessary for such a work. This information was furnished at the expense of considerable toil, trouble and time, and it seemed to be a pleasant task on the part of all to do what they could for their beloved friend and colleague.

The author first gives the lineage of the Agnew family, beginning in the tenth or eleventh century. He then takes up the early life, the school life and early professional life of Dr. Agnew. He tells of how he began practice in a modest way in a small country village—of his abandoning the practice of medicine and engaging in a business venture—of his re-entering the practice and the many disadvantages under which he labored,—of his removal to Philadelphia, and of his connection with the Philadelphia School of Anatomy,—of his success in this field, and of his gradual rise from an obscure, unknown country doctor to the high and honorable position of Professor of Surgery in the University of Pennsylvania, a surgeon of the first rank, honored and

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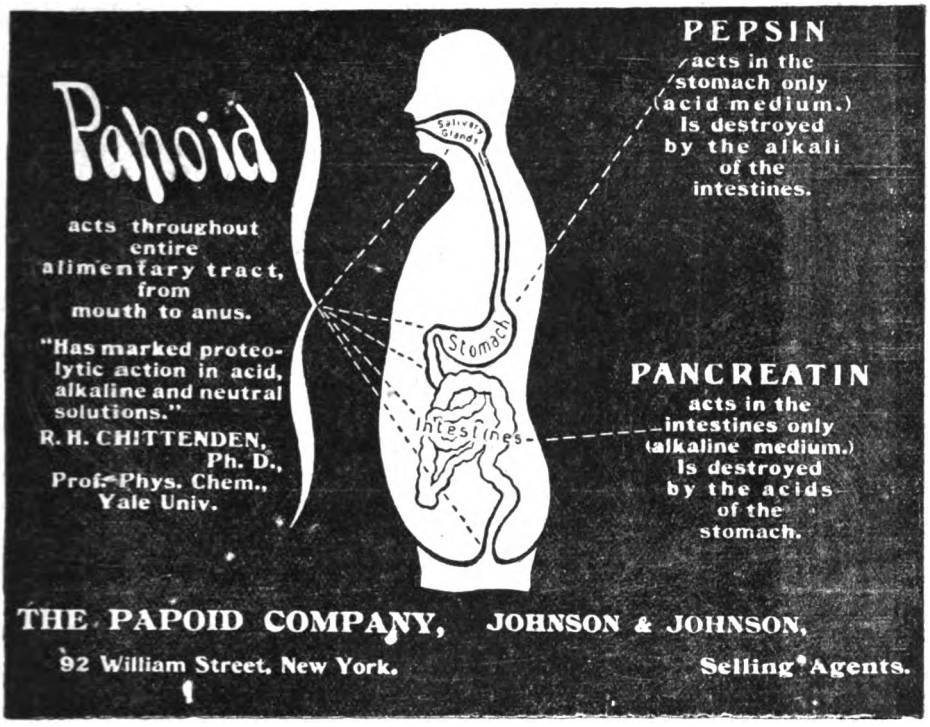
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☞ **A Scientific Blending of True Santal and Saw Palmetto in a Pleasant and Aromatic Vehicle.**

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility,
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A RELIABLE AND CERTAIN CURE FOR ALL KIDNEY AND RHEUMATIC AFFECTIONS.

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Each Tablet contains 2 grains Citrate Lithia.

In use over 70 years.

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One Tablet dissolved in a glass of pure water makes a Lithia Water which is stronger, and superior to so-called Natural Lithia Water.

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respected by his colleagues, and beloved by all who knew him. Such is the life and history of one of the greatest surgeons that America has ever produced. This book will be read by thousands of physicians who love and respect the memory of Dr. Agnew, and Dr. Adams will receive the thanks of all of them for his earnest and painstaking efforts in producing such a history. H.

THE YEAR-BOOK OF TREATMENT FOR 1893. A Critical Review for Practitioners of Medicine and Surgery. A Series of Contributions by Twenty-two Writers. In one 12mo. volume of 500 pages. Cloth, $1.50. Philadelphia, Lea Brothers & Co., 1893.

It is almost unnecessary to point out the great usefulness of such a volume to every practitioner of any department of medicine. To keep apprised of all important advances is a binding obligation, but it cannot be fulfilled by individual reading. Even if it were still possible for one mind to scan the vast accessions to medical literature, it could not pass critical judgment upon the claimed advances in more than a few of the many special subjects essential to a thorough equipment. In *The Year-Book of Tréatment* this double function is performed by a corps of acknowledged leaders, covering in their joint survey all branches of medicine, and qualified to select and present the real progress of the twelvemonth. The result of their labors is of a value so widely recognized that the demand for this work renders possible its presentation at a price within the reach of all. Its contents are carefully classified and indexed, and full references to original sources given for the benefit of those desiring to make further research. It would be difficult to imagine a book more closely suited to the needs of the medical practitioner or writer.

FERMENTATION, INFECTION AND IMMUNITY. By J. W. McLaughlin, M. D., Austin, Texas. Von Boeckmann, 1892. 240 pages, price, $2.50.

The aim and purpose of this essay is to show that the accepted principles of molecular physics, and those of chemistry and biology, if supplemented by legitimate deductions from them, are amply sufficient to account for all the known phenomena of these processes (fermentation, infection and immunity), and also to explain their relationship and intimate nature." Such in the author's own words, is the object of his book. This "physical theory," as, for want of a better name, he calls it, will, accord-

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ing to the writer, explain all that previous hypotheses have made clear, and in addition, much that they have left in obscurity concerning the phenomena of fermentation, etc.

He writes upon the subject evidently *con amore* and has given us a well digested monograph, in which he discusses most of the recent work of Metschnikoff and other investigators in bacteriology and kindred branches of science.

Whether the physical theory will oust or supplement prior hypotheses regarding immunity, time alone will tell. Be that as it may, Dr. McLaughlin's essay is well worth perusal.—[*From British Medical Journal*, Saturday, April 8, 1893, page 744.

Publishers' Notes.

The Kentucky School of Medicine—Spring and Summer School—had a class of over six hundred during session just closed.

See the new announcement of the University of Pennsylvania Medical College, and send for the catalogue, mentioning the JOURNAL.

The College of Physicians and Surgeons, Chicago, has an announcement in this issue. This is one of the Colleges of the highest standard of requirements, and its diploma is a world passport.

Dr. H. H. Mudd, of St. Louis, so popular with the Texas contingent of students, has an announcement of the next session of his college—the St. Louis Medical. If you go to St. Louis to attend lectures, see Dr. Mudd before matriculating, and give him our respects.

Perhaps the oldest medical college in Missouri—the land of colleges—is the well known, able and popular Missouri Medical. Many gray haired physicians of Texas, proudly own her as their alma mater, and love her dearly. See what she has to say for herself in this issue.

The Alabama Medical College has its annual announcement in this issue, which please read. The college ranks very high and offers every inducement to students. It is up with the foremost, —and there is no more delightful spot on earth to study than Mobile. Write for catalogue.

St Louis the city of medical schools, has few colleges that offer better inducements than her College of Physicians and Surgeons. It is ably officered, and possesses every means and

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THE REMEDY PAR EXCELLENCE IN THE

AILMENTS OF WOMEN,

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"H. V. C." is prescribed and recommended by the most eminent Physicians in the United States, and employed in the leading Hospitals.

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Reference.—The leading physicians in all the large cities in the Union.

Put up in 4 oz., 10 oz. and 16 oz. Bottles, dispensed by all reliable druggists.

☞ Avoid substitutes and imitations. A wholesale druggist in Baltimore is selling a substitute, on the label of which is printed the following: "*Highly Recommended by Dr. Hayden.*" The intent being to deceive and mislead the profession. Comment is unneccessary.

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appliance for clinical teaching, and an abundance of material. Investigate before matriculating.

The annual announcement of the Jefferson Medical College appears in this issue of the JOURNAL. Please read it. This college, for forty years, has held its own against all competitors, and has always been a popular favorite. It is one of the most *advanced* institutions in the world. Write for catalogue.

Sharpe & Dohme have a change of ad. in this issue, of great interest to our readers. They renew contract for another,—the ninth year. They advertise ergotole, a preparation superior to ergot in any of its forms. Their preparations are all high class and of standard strength. Write for samples, mentioning the JOURNAL.

Atlanta, Georgia, offers superior attractions to Texas students, in the splendidly equipped and substantial medical college--the Southern,—and puts in a bid for a share of the boys this year. Correspond with Prof. Nicholson, and he will show you many reasons why you should matriculate at the great "Southern." See announcement.

The Marion Sims Medical College has been a phenomenal success; it has far surpassed the most rosy hopes of its energetic founders, and is still booming. Merit, backed by such intelligent effort, is bound to win. The Texas boys speak in glowing terms of the professors, each a distinguished specialist, and each a favorite with the class. See announcement.

We cannot discriminate in our colleges,— they are all good and each offers its own peculiar advantages: but of the Memphis Hospital Medical College we will say that *Sim* is still at the head of it. To those who know him—and there are thousands of the *alumni* of the school in Texas, and they all "swear by him," that is tantamount to the strongest commendation, and is a *guarantee.*

W. C. Wagner, the Brooklyn chemist, so well known to JOURNAL readers, has renewed his full-page ad. with us in this issue, —appreciating a good advertising medium. His advertisement contains much that is of interest to every physician. In writing to Mr. Wagner, please say you saw his ad. in TEXAS MEDICAL JOURNAL, and he will send you some samples of his wares, and information concerning them.

A Real Luxury.—A bath in your bed room, with hot and cold water at will. Such is now a possibility at a trifling cost. The bath tub is folded up in a handsome cabinet, when not in

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use, and occupies only 2x2 feet in one corner. The tub is let down, like a folding bed, and couples to a drain pipe through the floor, so that it is possible to take a full length bath without trouble or slopping the floor. Pull out the plug, let the water run off and shut up your tub (fixed on hinges), and there you are. See advertisement. The JOURNAL will order one for any subscriber and save money on the price. Write to us.

Senile Debility.—

℞. Syr. Hypophos. Comp .... 3 oz.
Celerina [Rio].....2 oz.
Acidi Phosphorici Dil.....1 oz.
M. Sig. Teaspoonful four times daily.

Psoriasis.—For this troublesome affection, usually so rebellious to treat, McKesson & Robbins have brought out a new remedy, which, from experiments made and testimonials furnished by Drs. Geo. T. Elliott, Carpenter, and others, is said to be entirely harmless, and free from the other objections besides danger, which attach to pyrogalic acid, and to possess almost specific properties. This preparation they call "Gallacetophenone." It is advertised in this issue of the JOURNAL. Write for sample, and mention this article.

Barnes Medical College.—This handsomely endowed and efficiently officered and equipped school closed a most prosperous session in March last. Prof. C. H. Hughes, President of the Faculty and Professor of Neurology, etc., presented the diplomas to the graduates, with a neat and characteristic speech. In his speech, he strongly recommended the young doctors to *get married*,—a piece of advice which the TEXAS MEDICAL JOURNAL heartily endorses. Barnes Medical College has an announcement in this issue, which please see, and write for catalogue.

University of Nashville and Vanderbilt University, Medical Department.—We have before us the 43d annual announcement of this famous medical school, session of 1893–4. It has always been a Texas favorite; and last session, of the one hundred and twenty graduates, twenty-two were from Texas, one of them, Dr. Henry C. Whitehead, winning the Founder's Medal of Vanderbilt University. The new City Hospital, a handsome and commodious structure, gives the college abundant clinical and anatomical material, and every department is equipped with the latest appliances for a thorough teaching of medicine. Address, Prof. W. G. Ewing, M. D., Secretary, 504 Church Street, Nashville, Tennessee, for catalogue, etc., and mention the JOURNAL.

Another Triumph of Pharmacy.—The value of Lithia water in kidney and rheumatic affections, is universally recognized.

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ESTABLISHED 16 YEARS.

COLDEN'S

BEWARE OF IMITATIONS.

LIQUID BEEF TONIC

ORIGINAL COLDEN'S LIEBIG'S LIQUID EXTRACT OF BEEF AND TONIC INVIGORATOR. LABEL.

ESSENTIALLY DIFFERENT FROM ALL OTHER BEEF TONICS. UNIVERSALLY ENDORSED BY LEADING PHYSICIANS.

This preparation, consisting of the Extract of Beef (prepared by Baron Liebig's process), the best Brandy obtainable, Soluble Citrate of Iron, Cinchona and Gentian is offered to the Medical Profession upon its own merits. It is of inestimable value in the treatment of all cases of **Debility, Convalescence from Severe Illness, Anæmia, Malarial Fever, Chlorosis, Incipient Consumption, Nervous Weakness,** and maladies requiring a Tonic and Nutrient. It is quickly absorbed by the Stomach and upper portion of the Alimentary Canal, and therefore finds its way into the circulation quite rapidly.

COLDEN'S LIQUID BEEF TONIC appeals to the judgment of intelligent Physicians in the treatment of

All Cases of General Debility.

It is essentially a **Food Medicine** which gives **tone** and **strength** in cases where other remedies have failed or been rejected. A single trial will convince any fair-minded Physician of the value of this preparation.

By the urgent request of several eminent members of the medical profession, I have added to each wineglassful of this preparation two grains of Soluble Citrate of Iron, and which is designated on the label, **"With Iron, No. 1;"** while the same preparation, **Without Iron,** is designated on the label as **"No. 2."**

☛ In order that Physicians unacquainted with

COLDEN'S LIQUID BEEF TONIC

may become familiar with it, we will upon application send a sample bottle free (express charges paid), to any Physician in the United States. Please ask your Dispensing Druggist (if he has not already a supply) to order it. In prescribing this preparation physicians should be particular to mention **"COLDEN'S,"** viz., **"Ext. Carnis Fl. Comp. (Colden)."** It is put up in pint bottles, and **can be had of Wholesale and Retail Druggists generally throughout the United States.**

C. N. CRITTENTON,

General Agent, - - - - - 115 FULTON STREET, NEW YORK.

GLENN'S SULPHUR SOAP.

Physicians know the great value of the local use of sulphur in the Treatment of Diseases of the Skin. Glenn's Sulphur Soap is the *Original* and *Best* combination of its kind, and the one now generally in use. For sale by All Druggists.

Beware of Counterfeits.

CONSTANTINE'S PINE TAR SOAP.

By far the Best Tar Soap made. Has been on trial among physicians for very many years as a toilet soap and healing agent, and its superior virtues have been unanimously conceded in all cases where the use of Tar is indicated. None genuine unless stamped A. A. CONSTANTINE'S PERSIAN HEALING PINE TAR SOAP. For sale by All Druggists.

Wholesale Depot, C. N. CRITTENTON, 115 Fulton Street, New York.

Samples of above Soaps SENT FREE, on application, to any Physician inclosing card.

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Everybody cannot go to the water; and it stransportation is expensive. The New York and London Chemical Company, 68 Broad Street, New York, appreciating these facts, have "boiled down" the water, so to say,—have extracted the active principle of the water, a mineral salt, the *Citrate of Lithia*, and offer it to the profession in neat compressed tablets, each tablet containing two grains. This supplies a real want, and the enterprise of these chemists will be appreciated. See their advertisement, and in writing for pamphlet mention this notice.

For Obesity.—

℞ Phytoline, "Walker's" ..... 10 ℥
Alcohol dil. q. s. ft ..... 1 pt.

M. ft. sol.

Sig. Take one teaspoonful six times a day, half hour before and after meals. Follow directions in regard to diet and exercise. Or,

℞ Phytoline, "Walker's" ..... 2 ℥

Sig. Take ten (10) drops, six times a day, in a little water.

"Tulane."—The "Old Reliable,"—the Medical Department Tulane University, New Orleans,—long known as the "Old School," or the University of Louisiana Medical College, is on time with their annual announcement, which please see. The coming session will mark an important era in this school. In October, they will move into their grand new building, fitted up most elaborately and completely especially for teaching medicine and surgery in all its details, fifty years of experience having been brought to bear in the outfitting,—a thorough knowledge of what is needed; and every requirement will be met. Write for catalogue, and mention the JOURNAL.

Prophylaxis of Cholera Asiatica.—"I have been prescribing preventive medicine for diphtheria for many years and have never had a second case develop. When diphtheria appears I have made it a constant practice to put all those exposed to infection upon Listerine, taken in drachm doses at each meal; and during the three years of la grippe I ordered my family and all my friends' families to use it after each meal, as long as there were any cases in our city. I did not once fail in preventing both diphtheria and la grippe when Listerine was taken faithfully. In several instances persons being called from home neglected the Listerine preventive treatment and returned in a week or two with la grippe fully developed. I believe that the only safe quarantine against cholera is to quarantine the alimentary tract, and for this purpose I shall trust to Listerine. It will prevent diphtheria and la grippe, and I feel sure it will prove equally efficient in the preventive treatment of cholera."—*J. H. Stringfellow, M. D., Prof. Hygiene, Northwestern Medical College, St. Joseph, Mo.*

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SCHOOL OF MEDICINE.

UNIVERSITY OF TEXAS,

GALVESTON, TEXAS.

THIRD SESSION, 1893-'94.

FACULTY.

J. F. Y. PAINE, M. D.,
Professor of Obstetrics and Gynecology, and Dean of the Medical Faculty.

H. A. WEST, M. D.,
Professor of the Principles and Practice of Medicine, and of Clinical Medicine.

EDWARD RANDALL, M. D.,
Professor of Materia Medica and Therapeutics.

WILLIAM KEILLER, F. R. C. S., Ed.,
Professor of Anatomy.

A. G. CLOPTON, M. D.,
Professor of Physiology and Hygiene.

S. M. MORRIS, M. D.,
Professor of Chemistry and Toxicology.

ALLEN J. SMITH, A. M., M. D.,
Professor of Pathology.

JAMES E. THOMPSON, F. R. C. S., Lon.,
Professor of Surgery.

LECTURERS AND DEMONSTRATORS.

THOS. FLAVIN, M. D.,
Demonstrator of Anatomy.

DAVID CERNA, M. D.,
Demonstrator of Physiology.

R. C. HODGES, M. D.,
Lecturer on Diseases of the Eye, Ear, Throat and Nose.

ALLEN J. SMITH, A. M., M. D.,
Lecturer on Nervous and Mental Diseases.

EDWARD RANDALL, M. D.,
Leturer on Diseases of the Chest.

GEORGE P. HALL, M. D.,
Lecturer on Diseases of the Ear, Nose and Throat.

R. W. KNOX, M. D.,
Lecturer on Diseases of the Skin.

H. P. COOKE, M. D.,
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Lecturer on Medical Jurisprudence,

Daily clinics in the John Sealy Hospital free of extra charge.

Dissecting material abundant and free.

Three years Graded Course.

Matriculation fee of $30 for the three years Course of Lectures. No additional charge, except in laboratory and anatomical fees of $5 each for the year in which taken.

The instructions in all Departments are thorough and complete.

J. F. Y. PAINE, M. D., DEAN,
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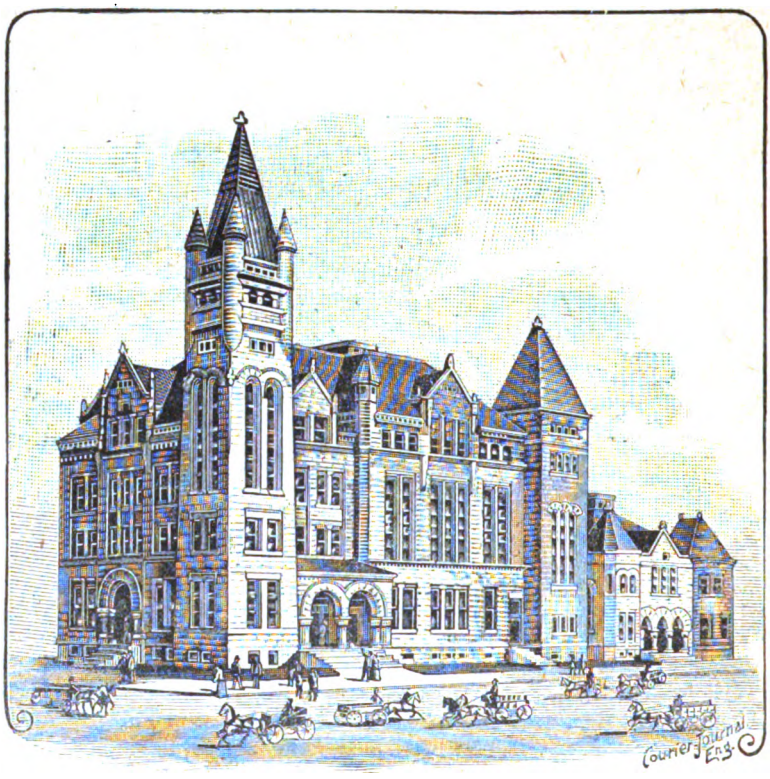
LOUISVILLE MEDICAL COLLEGE.

The next Session will begin Sept. 11th, 1893, and terminate the first week in March 1894.



FACULTY.

C. W. KELLY, M. D., Professor of Descriptive and Surgical Anatomy and Clinical Medicine. Registrar. Green Street, bet. Second & Third.

J. A. IRELAND, M. D., Professor of Gynecology. Dean. 319 East Madison Street.

L. D. KASTENBINE, A. M. M. D., Professor of Chemistry. Urinology, and Medical Jurisprudence. 305 West Broadway.

W. H. GALT, M. D., Professor of Principles and Practice of Medicine and Hygiene. 1207 Brook St.

JAMES M. HOLLOWAY, M. D., Professor of Clinical and Operative Surgery. 403 West Chestnut Street.

SAM COCHRAN, M. D., Professor of Physiology. 2103 West Walnut Street.

GEO. M. WARNER, M. D., Professor of Materia Medica and Therapeutics. Secretary. 620 East Market Street.

A. MORGAN CARTLEDGE, M. D., Professor of Principles and Practice of Surgery and Clinical Surgery. 100 East Jacob St.

H. B. RITTER, M. D., Professor of Obstetrics. 1501 West Jefferson Street.

WM. CHEATHAM, M D., Professor of Ophthalmology Otology, and Laryngology. 303 West Chestnut Street.

WM. C. DUGAN, M. D., Professor of Clinical and Operative Surgery. 206 E. Chestnut Street.

DEMONSTRATORS.

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W. F. BOGGESS, M. D., Principles and Practice of Medicine, 1805 West Jefferson St.

AUGUST SCHACHNER, M. D., Chemistry, Second and Green Streets.

W. B. PUSEY, M. D., Ophthalmology, Otology, and Laryngology, 303 West Chestnut Street.

WILLIAM VISSMAN, M. D., Bacteriology and Microscopy, Second and Chestnut St.

JAMES B. STEEDMAN, M. D., Obstetrics and Gynæcology, 558 Second Street.

A. O. PFINGST, M. D., Gynæcology, Hancock and Chestnut Streets.

CURRAN POPE, M. D., Diseases of Mind and Nervous System, Southwest Cor. 1st and Chestnut Street.

S. W. HOLLOWAY, M. D., Clinical Surgery, 504 West Chestnut Street.

THE NEW COLLEGE BUILDING

The new building will be occupied during the coming session, and it is conceded that no finer nor more thoroughly equipped medical college exists in this country. Nothing has been left undone that a long experience teaches would facilitate the study of Medicine and Surgery.

Spacious opera chairs have been provided for the accommodation of 600 students in the main amphitheater. For full information concerning the College, address,

DR. GEO. M. WARNER, Sec'y,
620 East Market St., LOUISVILLE, Ky.

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MEDICAL DEPARTMENTS

OF THE

University of Nashville and of Vanderbilt University.

WILLIAM H. PAYNE, LL.D., Chancellor of the University of Nashville.

LANDON C. GARLAND, LL.D., Chancellor of Vanderbilt University.

FACULTY.

WILLIAM T. BRIGGS, M. D. (*Dean of the University of Nashville*), Professor of Surgery.

THOMAS L. MADDIN, M. D., Professor of Principles of Medicine and General Pathology.

WILLIAM L. NICHOL, M. D., Professor of Practice of Medicine and Clinical Medicine.

JOHN H. CALLENDER, M. D., PH. D., (*President of the Faculty*), Professor of Physiology and Psychology.

THOMAS MENEES, M. D., (*Dean of Vanderbilt University*), Professor of Obstetrics.

JAMES M. SAFFORD, PH. D., M. D., Professor of Chemistry.

THOMAS A. ATCHISON, M. D., Emeritus Professor of State Medicine.

CHARLES S. BRIGGS, M. D., Professor of Surgical Anatomy and Operative Surgery.

ORVILLE H. MENEES, M. D., Professor of Anatomy and Histology.

G. C. SAVAGE, M. D. (*Auditor*), Professor of the Diseases of the Eye and Ear.

WILLIAM G. EWING, M. D., (*Secretary and Treasurer*), Professor of Materia Medica and Therapeutics.

RICHARD DOUGLAS, M. D., Professor of Diseases of Women and Clinical Gynecology.

CLIFTON R. ATCHISON, M. D., Professor of Dermatology and Venereal Diseases.

AMBROSE MORRISON, M. D., Lecturer on Experimental Physiology and Assistant to Chair of Physiology.

SYDNEY S. CROCKETT, M. D., Demonstrator of Anatomy and Assistant to Chair of Anatomy.

LARKIN SMITH, M. D., Demonstrator of Histology and Microscopy and Assistant to Chair of Practice.

SAMUEL S. BRIGGS, M. D., Demonsrator of Operative Surgery and Assistant to Chair of Surgery.

GEORGE W SEAY, M. D., Assistant Demonstrator of Anatomy.

AARON L. PURINGTON, M. D., Demonstrator of Chemistry and Assistant to Chair of Chemistry.

JOHN M. BASS, M. D., Assistant Demonstrator of Anatomy.

THE Regular Course of Instruction in the Medical Department of the University of Nashville and Vanderbilt University will commence on Monday the 2nd day of October next, and end on the first Thursday in April, 1894, which is Commencement Day.

The Preliminary Course of Instruction will begin on Monday, the 4th day of September, and will be free to all who matriculate for the Regular Course.

The Anatomical Rooms and the Laboratories will be open at the same time. Material for dissection will be promptly supplied.

All communications asking for information should be addressed to

W. G. EWING, M. D., Secretary,

504 CHURCH STREET, NASHVILLE, TENNESSEE.

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Memphis Hospital Medical College,

MEMPHIS, TENN.

FACULTY.

F. L. SIM, M. D., Professor of the Principles and Practice of Medicine and Hygiene.
A. G. SINGLAIR, M. D., Professor of Diseases of the Eye, Ear and Throat.
W. B. ROGERS, M. D., Professor of Principles and Practice of Surgery, and Clinical Surgery.
R. B. MAURY, M. D., Professor of Diseases of Women.
ALEXANDER ERSKINE, M. D., Professor of Obstetrics and Diseases of Children.
T. J. CROFFORD, M. D., Professor of Physiology, and Gynecologist to St. Joseph's Hospital.
B. C. HENNING, M. D., Professor of Materia Medica and Therapeutics, Clinical Professor of Diseases of the Rectum.
S. A. ROGERS, M. D., Professor of Anatomy.
D. D. SAUNDERS, M. D., Professor of Clinical Medicine, Physical Diagnosis and Diseases of the Chest.
B. FRANK TURNER, M. D., Professor of Chemistry, Pharmacy, Toxicology and Forensic Medicine.

H. L. WILLIFORD, M. D., Assistant to the Chair of Materia Medica and Therapeutics.
WILLIAM KRAUSS, M. D., Demonstrator of Pathology.
E. E. FRANCIS, M. D., Demonstrator of Anatomy, and Assistant to the Chair of Anatomy.
A. B. HOLDER, M. D., Assistant to the Chair of the Principles and Practice of Surgery and Clinical Surgery.
J. L. MINOR, M. D., Assistant to the Chair of Diseases of Eye, Ear, and Throat.
W. W. TAYLOR, M. D., Assistant to the Chair of Obstetrics and Diseases of Children.
JOHN M. MAURY, M. D., Assistant to the Chair of Diseases of Women.
MATT DEPASS, M. D., Assistant to the Chair of Clinical Medicine, Physical Diagnosis and Diseases of the Chest.
J. C. TREHERNE, Ph. G., Demonstrator of Pharmacy; Assistant to the Chair of Chemistry, Pharmacy, Toxicology and Forensic Medicine.
W. H. HICKS, M. D., Assistant to the Chair of Principles and Practice of Medicine and Hygiene.
THOMAS HENDERSON, M. D., Assistant Demonstrator of Anatomy.
G. G. BUFORD, M. D., Assistant to the Chair of Physiology.

Each member of the Faculty occupies a part of his hour in reviewing the previous lecture, by quizzing the class; in addition to this, FREE quizzes are begun early in the Session on all branches taught in the school. This valuable method of impressing the lessons of each lecture indelibly upon the minds of students will be conducted by Special Instructors.

THE WINTER COURSE OF LECTURES

Will Beginn October 2nd, and Continue Six Months,

The College Building is immediately opposite the City Hospital, where

DAILY CLINICS WILL BE HELD,

And bedside instruction given. In addition to this, St. Joseph's Hospital and the College and City Dispensaries afford a

LARGE AMOUNT OF CLINICAL MATERIAL.

It can be safely asserted that for *Clinical Advantages*, Memphis is unsurpassed by any city in the southwest.

Laboratories, Library, Museum and Dissecting-Rooms are all well ventilated, and each fully supplied with the most modern appliances and and conveniences.

EXPENSES OF SCHOOL.

Dissecting Material	Free
Matriculation Fee	$ 5 00
Demonstrator's Ticket (taken twice only)	10 00
Professor's Ticket (full course)	50 00
Graduation Fee	30 00

Students may, after matriculating, attend any one or more of the courses of lectures, as they may elect, by paying $10.00 for each ticket. Graduates of other recognized Medical Colleges, are required to matriculate only.

For Catalogues and further information, address

F. L. SIM, M. D., Dean of the Faculty.
126 Hernando Street, MEMPHIS, TENN.

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MEDICAL DEPARTMENT

OF THE

TULANE UNIVERSITY OF LOUISIANA.

(Formerly 1847-1884 The University of Louisiana.)

Founded in 1834, this is the oldest Medical College in the Southwest, has 3080 graduates, and had at the last session 420 students.

The next session, the SIXTIETH, will begin Thursday, October the 19th, 1893, and will close Wednesday, April 18th, 1894.

The corps of teachers—Professors, Lecturers, Instructors, Demonstrators and Chiefs of Clinic—number more than thirty.

In October, 1893, the College will occupy a very large and commodious new building, which will provide all of the many requisites for modern medical education, including especially ample and well equipped Laboratories for Chemistry; for Pharmacy; for Practical Anatomy; for Microscopical Anatomy, Pathology, and Bacteriology; and working rooms for Practical Physiology, and for Gross Pathological Anatomy. These admirable Laboratories, now added to the unrivaled practical advantages for Clinical, Anatomical and Pathological studies given by the great Charity Hospital, will enable the Medical Department now to provide its Students with unsurpassed advantages for their medical education.

Special attention is called to the superior opportunities given for

CLINICAL INSTRUCTION.

The Professors of the Medical Department are given, by law, the use of the great Charity Hospital as a school of practical instruction, and medical students are admitted without payment of any hospital fees. The Charity Hospital contains seven hundred beds, the number of patients annually admitted exceed eight thousand and the number of visiting patients varies from twelve to fourteen thousand. Its advantages for practical study, and especially of the diseases of the South-West and of the negro race, are unequalled by any similar institution in this country. The Medical, Surgical and Obstetrical Wards are visited daily by the respective professors and instructors, and all students are expected to attend and to familiarize themselves *at the bedside of the patients*, with the diagnosis and treatment of all forms of diseases and injuries. The facilities for *genuine* clinical teaching are unsurpassed by those of any Medical College in the United States.

Students who have attended one session in a reputable medical college, prior to September 1st, 1893, may be graduated after two full courses and the payment of former fees; but all students who may attend their first course after September 1st, 1893, will be required to give evidence of educational qualification and to attend at least three annual sessions prior to graduation, as will also be required by all reputable Medical Colleges in the United States and will be charged as follows;

FEES FOR FIRST COURSE OF 1893-4, TAKING THREE FULL COURSES.

	1ST YEAR	2D YEAR	3D YEAR
Matriculation Fee	$ 5 00	$ 5 00	$ 5 00
Professors and Instructors	120 00	120 00	120 00
Laboratory of Practical Anatomy	10 00	10 00	.....
Chemical Laboratory	15 00	..	.. ..
Microscopical Laboratory	.....	15 00	.....
Operative Surgery	.....	.....	10 00
Diploma or Graduation Fee	..	..	80 00
Totals	$ 150 00	$ 150 00	$ 165 00

Total $465 for three full courses instead of $335 as heretofore, for two full courses. All fees are payable in advance. These fees are as low as are compatible with the *superior advantages given*.

Students and Graduates may select such special branches or partial courses as each may desire.

Graduates and Students of this College, who have paid for all courses required, can continue to attend without payment of the $120 for the professors' ticket.

Graduates of other reputable Medical Colleges are charged only $70 for the professors' tickets and thereafter given the same privilege granted to graduates of this College.

The total fees for the two courses required in Pharmacy amount to $155, or about $75 annually.

For further information and catalogue, address

PROF. S. E. CHAILLÉ, M. D., DEAN,

P. O. Drawer 261. **NEW ORLEANS. LA.**

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The Medical College of Alabama.

(MOBILE, ALA.)

FACULTY.

GEO A KETCHUM, M D, DEAN,
Professor of Theory and Practice of Medicine

GORONWY OWEN, M D,
Professor of Obstetrics and Diseases of Women and Children

W H SANDERS, M D,
Professor of Diseases of Eye and Ear, and of Microscopy

CHAS A MOHR, M D, PH G,
Professor of Chemistry

T S SCALES, M D,
Professor of Surgery

W B PAPE, M D, SECRETARY,
Professor of Physiology, Pathology and Clinical Medicine

E D MCDANIEL, M D,
Professor of Materia Medica, Therapeutics and Clinical Medicine

RHETT GOODÉ, M D,
Professor of Anatomy

LECTURERS AND DEMONSTRATORS.

W H SANDERS, M D,
Director of the Laboratory of Hystology and Bacteriology

CHAS A MOHR, M D,
Director of the Chemical Laboratory

T S SCALES, M D,
Director of the Laboratory of Operative Surgery

CHAS A MOHR, M D, PH G,
Lecturer on Practical Pharmacy

W B PAPE, M D,
Lecturer and Clinical Instructor on Physical Diagnosis

RHETT GOODE, M D,
Lecturer on Clinical Surgery

E L MARECHAL, M D,
Lecturer on Hygiene and Medical Jurisprudence

W R JACKSON, M D,
Lecturer on Minor Surgery

T H FRAZER, M D,
Lecturer on Dermatology

W R JACKSON, M D, AND
T H FRAZER, M D,
Demonstrators of Anatomy

H B MOHR, M D,
Assistant Instructor in the Histological and Bacteriological Laboratory

F T MCKAIG, M D,
Assistant Instructor in the Histological and Bacteriological Laboratory

JAS A HARRISON, M D,
Assistant Instructor in the Chemical Laboratory

* ....
Assistant in the Laboratory of Operative Surgery

* *To be filled.*

The Twenty-eighth annual Session will begin October 13, 1893, and will continue six months. The next Session offers greatly improved facilities for study. The curriculum is embraced in three regular graded courses of lectures, with special Clinics at the City Hospital, and practical instruction in the special Laboratory Departments of Histology and Bacteriology, Chemistry, and Operative Surgery.

The College Building is large and complete in all of its appointments. The magnificent Museum is unsurpassed in its completeness, being especially adapted to illustrate the several Departments of Medicine and Surgery. Ample Chemical, Philosophical and Microscopical Apparatus. Dissecting rooms large and well ventilated, and material for practical Anatomy abundant. Medical and Surgical Clinics daily at the City Hospital and College Dispensary. A special course in Practical Pharmacy. With liberal appointments in every way, the College is well equipped for affording a through Course of Instruction in all the Departments of Medicine and Surgery.

For Annual Announcement and Catalogue, and other information, address

GEO. A. KETCHUM, M. D., Dean.
No. 7 N. CONCEPTION ST., MOBILE, ALA.

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University of Tennessee.

Nashville Medical College.

CHARLES W. DABNEY, JR., PH. D., President of the University.
WILLIAM P. JONES, M. D., President of the Faculty.
DUNCAN EVE, A. M., M. D., Dean of the Faculty.

DUNCAN EVE, A. M., M. D.,
Professor of the Practice of Surgery, Orthopædic and Clinical Surgery.

JOHN S. CAIN, M. D.,
Professor of the Principles and Practice of Medicine with Clinical Medicine and General Pathology.

J. BERRIEN LINDSLEY, D.D., M. D.,
Professor of Medical Chemistry and State Medicine.

J. BUNYAN STEPHENS, M. D.,
Professor of Obstetrics and Clinical Midwifery.

WILLIAM D. HAGGARD, M. D.,
Professor of Gynecology and Diseases of Children.

W. M. VERTREES, M. D.,
Professor of Materia Medica and Therapeutics.

PAUL F. EVE, M. D.,
Professor of the Principles of Surgery, Operative and Clinical Surgery.

WM. E. McCAMPBELL, A. M., M. D.,
Professor of General Descriptive and Surgical Anatomy.

JOHN A. WITHERSPOON, M. D.
Professor of the Theory and Practice of Medicine, with Clinical Medicine and Medical Hygiene.

T. HILLIARD WOOD, M. D.,
Professor of Physiology.

WILLIAM F. GLENN, M. D.,
Professor of Venereal Diseases.

JOHN G. SINCLAIR, M. D.,
Professor of Clinical Diseases of the Eye, Ear and Throat.

WILLIAM G. BRIEN, M. D., LL. D.,
Professor of Medical Jurisprudence.

ROBERT B. LEES, M. D., D. D. S.,
Professor of Dental Surgery.

HALEY P. CARTRIGHT, M. D.,
Professor of Physical Diagnosis.

CHARLES MITCHELL, M. D.,
Professor of Microscopy.

JAS. W. HANDLY, M. D.,
ROSS DUNN, M. D.,
Demonstrators of Anatomy.

The Session of 1893-94 will Begin Monday, Oct. 2, 1893.

Preliminary Term will begin Monday, Sept. 4, 1893.

FOR PARTICALARS, ADDRESS,

DUNCAN EVE, A. M., M. D., DEAN.

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Southern Medical College

ATLANTA, GEORGIA.

The Fifteenth Regular Session of this School will begin Tuesday, October 3rd, 1893, and continue until the first week in April, 1894.

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For Texas Medical Journal.

A CASE OF RAILWAY SPINE.

ALLEN J. SMITH, M. D., GALVESTON,
Professor of Pathology and Lecturer on Mental Diseases in the Medical Department of the University of Texas.

THE terms "traumatic hysteria," "railway spine," "chronic spinal concussion," "traumatic neurasthenia," have all been applied to a condition, the basis of which is apparently largely but a neurosis, and in which there has failed as yet of demonstration a distinct material pathological foundation. The comparative newness and paucity of our knowledge of the affection may be invoked as an atoning explanation for the more or less general belief that the condition is without organic alteration, and is essentially functional and psyschical in its nature; and will likewise, serve as sufficient reason for the addition of the following report to the literature of the subject.

George H., a white man of thirty-seven years of age, married and a father, with parents, brother and sister living and in health, none of his immediate family dead, with no acknowledged neurotic taint in his family; with no discovered or acknowledged circumstance in his previous personal history bearing upon the point in question, a train employe of one of the railways of the State, asserts that on a certain date he was injured in a railway accident--an assertion not denied by the company interested in the litigation which has followed. The pa-

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tient relates that standing upon the platform of a car at the time of the crash, he was thrown forward so as to receive a blow from the brake-wheel in the left mid-abdominal area. He was then thrown out from between the cars, landing some distance away, and striking the ground with his feet, in a semi-erect posture, then falling unconscious. He remained in this condition for perhaps half an hour, as estimated by himself afterwards, regaining his appreciation of his surroundings as he was being conveyd to a car for transportation to an adjacent station.

No history of his exact condition at the time has as yet been obtained by the writer, and the degree of the immediate shock is unknown to him. For two and a half months the patient asserts he was confined to his bed, unable to be about. As soon as possible, that is, within three months after the accident, he came to Galveston and entered Sealy hospital, and was placed in the surgical wards, where he remained several months, under treatment especially for an injury to the right knee received in the accident. The writer has no knowledge of the patient's condition during this period, the notes of the case having unfortunately been lost. After a time he left the hospital and came under the care of one of the physicians of Galveston until January 9, 1893, when he was readmitted to Sealy hospital and placed in the care of the neurological department, remaining under treatment in the wards for about a month. Since his departure from the hospital, the writer has had a number of opportunities to examine, and has had professional charge of the man. While he was in the hospital it was learned that immediately after the accident, the most marked symptom was pain, of general distribution, but worse in the limbs; and that he felt unable to move his legs because of the pain. The right patella was dislocated, according to his statement, and there was a slight flesh wound on the inner aspect of the left ankle. No bones were broken. Soon after the accident, after he had been carried into a house, he states that he spat blood; and that a pain located in the left hypochondrium gradually and progressively became worse, an accompanying tremor with spasm-like sensations developing in the muscles in this region. He vomited frequently after the accident, and describes an appearance of the vomited matter suggestive of the "coffee grounds" nature of altered blood. This symptom continued at intervals for about a year, until about Christmas, 1892, being generally worse immediately after eating. Eight or nine days after the accident he was seized for the first

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time with a hystero-epileptoid convulsion, and since then there have been numerous and distinct recurrences. The patient describes an aura preceding these seizures, of the nature of a globus, situated in the left hypochondrium. In these convulsions he acknowledges that he does not entirely lose consciousness, states that he hears and partially comprehends the words of those about him, and appreciates their acts; but denies that he is able to answer by word or act of his own. The convulsions are always unilateral, affecting the left side, and are of a clonic type, thus producing a hemi-choreoid movement. The face of the same side partakes in the convulsive movements. The patient complains of an almost constant headache, frontal, generally worse on the left side.

No signs of pulmonary, cardiac, gastric or renal disorders were detected upon examination, save on several occasions an undue rapidity of heart beats.

The man is of medium build, weighing perhaps 160 pounds, ruddy, with light hair and eyes; and would be classed by one not acquainted with his nervous history, as of a lymphatic temperament. The entire left side from head to foot, except a narrow band extending downward on the inner and posterior portion of the left thigh and about the anus, is distinctly though but partially anæsthetic, the opposite side being normal, and in few spots hyperæsthetic. The region excluded on the left side from the anæsthetic area corresponds fairly to that supplied by the two lower sacral nerves. Estimated by the grip and kick (the leg being held) the left side shows marked diminution of motor power also. In comparison with the right, the left side, particularly in the extremities, is cool to touch, and the left limb is not as large by actual measurement as its fellow. Along the spine there are on the left side tender spots, easily detected by pressure, or by application of heat, at the level of the fourth cervical, third or fourth dorsal and tenth dorsal vertebræ, as well as just above the sacrum; on the right side at the level of the eleventh dorsal vertebra. On the left breast in the lower and outer quarter is a similar spot. Deep pressure on these spots has never succeeded in inducing any other manifestation than that of intense pain and flushing of the face, with increase in frequency of the heart's action; and no relation has been demonstrated between them and the convulsive seizures. Heat applied over these spots causes localized muscular spasm as the hot sponge is drawn downward

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along the spine; and as each spot is passed the patient winces. The right knee is stiff, the supposed result of the patellar dislocation mentioned, and no reflex anomally can be detected. The left patellar reflex although present, is but slightly marked and probably diminished.

The sense of taste on the left side of the tongue is decidedly diminished, and for some things apparently perverted; is normal on the right side. Hearing on the left side is impaired, the watch heard normally at twenty inches being heard at only four or five; there is no evidence of external auditory disease. Similar as well as other aural disturbances are noted by Baginsky (*Berlin klin. Wochensch.* 3, 1888). The field of vison is contracted somewhat in both eyes; and the color fields show the curious irregularities occasionally found in cases of hysteria, particularly seen in the overlapping of the red and blue fields in the right eye. The visual contraction is more or less concentric, although in the left eye temporal rather than nasal. Retinal examination, kindly performed for the writer by Drs. Hodges and Haden of Galveston, (as too was the perimetry) was negative save for a small amount of pigment in the nasal side of the right eye. The color fields correspond with the writer's examination for colors by the ordinary color tests, in which the major colors were easily recognized but in which the secondary shade of blue and red were more or less mixed by the man. No differences in the pupils or other optic symptoms were noted. The activity of the sexual function and sexual desire were stated to be diminished. The want of proper apparatus prevented the examination of muscular tone.

Briefly summarized, the symptom complex of the case includes the following symptoms: Left sided hemi-anæsthesia, well marked, for touch, pain, heat and cold; motor paresis of the same side; occasional left-sided clonic convulsions of epileptiform; contraction of visual fields, especially on the temporal side of the left eye; left-sided partial deafness; a number of foci or tenderness along the spine, suggesting irritation of the emerging nerves, together with other symptoms.

It cannot be denied that such a group of phenomena is likely to be of hysterical origin, that from their subjective nature they are symptoms easily misjudged by the physician, and that they are even liable to be simulated with success by a designing person. Nor would it be in the least flattering to a physician to believe that he could overlook the strong element of hysteria

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present in the case narrated. Yet on the other hand, there are some things to be said upon the question of the existence, beyond and before all this, of a material fault, cellular or humeral, upon which, to some extent at least, these symptoms of traumatic hysteria depend. Non-belief in the existence of such a fault is to be deplored, as unlikely to ever permit a proper spirit of investigation as to the reality and demonstrability of the causal condition. The idea of a purely functional basis is most unwelcome to a morbid anatomist, whose realization is, that if no normal functions have as yet failed of anatomical solution, there is neither right nor reason in denying such marked alterations of the nervous functions an anatomical basis. Aside from the undeniable presence of a psychical element, the denial of an organic foundation for these symptoms rests almost entirely upon grounds of negation, upon the failure thus far of demonstration of any distinct lesion. Further, the apparent influence of pecuniary considerations in many cases, both upon the severity of the symptoms and their relief, has been often held as evidence of the improbability of the affection, a view which is favored by the subjective nature of the symptoms usually presented; such a view is, however, without much weight, inasmuch as the relief from worry occasioned by the adjustment of monetary claims must necessarily be a powerful factor in therapeusis. It must be remembered, however, that while much has been written upon the subject by clinical observers of no mean note and ability, in the rarely fatal nature of the affection little opportunity has been afforded to verify theories by direct and careful observation of possibly affected areas, and that until a further and goodly number of observations by competent pathologists have been recorded, one has no right to predicate the non-existence of material changes.

In the case reported by Kronthal and Sperling, the patient was the subject of a traumatic neurosis, the result of a blow upon the head, symptoms of motor paresis, various paræsthesias, diminution of patellar reflex, staggering gait, diminution of sexual power, loss of memory and mental power, together with a number of minor phenomena. After several months the case terminated in death, and at the autopsy there were noted marked sclerotic changes in the cerebral mass, as well as in the spinal tracts, notably in the posterior columns. That such marked alterations should quickly lead to death, and should arrive thus at recognition at the autopsy, is not in the least surprising; yet the case

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may be regarded as an exceptional one in the degree of severity of the changes, and it should be no more surprising that the probably more minute and more intimate changes of the ordinary case should not lead to a fatal termination and subsequent discovery. That these possible changes are of the same inherent nature, degenerative and sclerotic, is held by a no inconsiderable proportion of authorities, the genesis of the lesions depending perhaps upon primary vaso-motor and vascular changes. It was first believed that the symptoms were dependent upon actual changes, seated in the spinal cord or in its adjacent structures and the emerging nerves (Erichsen, Concussion of the Spine, etc., London, 1882); it must be acknowledged, however, that there is a strong probability of the association of cortical cerebral fault, inasmuch as otherwise there can be no proper solution of the existence of many of the allied symptoms. The assertions of Charcot and his followers that the entire symptom complex is entirely without foundation, because of the ability in some instances to produce like alterations by hypnotic suggestion, cannot be accepted as final, especially as there is no proof that such influence is without any constitutional alteration if continued in its practice.

Whatever these lesions may be, it is as logical to ascribe them to an, as yet, undescribed alteration of structure, as it is to ascribe mental function to a hitherto unproved seat in the brain; and the reality of these lesions is argued by no stronger evidence than the reality of the symptoms. In this particular relation, the above case may be referred to with some confidence, in that there exist, apart from the obviously subjective symptoms, a number of signs which possess real objective value. Such, for example, is the difference in surface temperature noted between the two sides of the body; the difference in measurement of the limbs, the contraction of the field of vision, the muscular spasm upon exciting the tender foci along the spine by means of heat. Moreover, it is little likely that with a purely functional basis there should have escaped from the anæsthetic area the patch of surface corresponding to the portion enervated by the two lower sacral nerves. Where such well defined phenomena can be detected, and are open to corroboration at subsequent examinations, there can be little question as to the existence of intentional simulation.

In the case of H—, were one to have an opportunity of examination of the nervous system, it is probable that any altera-

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tions which might be present would be found not simply in the spinal cord, its emergent nerves, or membranes, but, in view of the one-sided arrangement of the symptoms, in the madulla, or above it. That the trifacial nerve, either in its nucleus or cortically, is involved, is well demonstrated in the sensorio-sensory changes of the head. It is possible to account for the deafness by involvement of the auditory nerve, and that the facial nerve is without implication is not proved by the absence of distinct signs of facial paralysis, since the degree of impairment is apparently slight in all the motor nerves.

However, over it all there must be acknowledged the existence of an overwhelming stratum of hysteria, of a psychosis, and until the pathological foundation of that state may be asserted, there will necessarily remain a great element of the problematic in the discussions as to the so-called railway spine.

For Texas Medical Journal.

REPORT OF A CASE OF THE DIFFICULTIES MET WITH IN PRIMIPAROUS WOMEN.

BY A. E. GARRETT, M. D., SULPHUR SPRINGS, TEXAS.

ON September 2, 1892, I was called to see Mrs. E. K., who was suffering from a slight rise of temperature, nausea, vomiting, and complaining of severe cramping pains in the lower part of the abdomen. She was at the time "unwell." From her I learned that at each menstrual period she suffered as only women who have severe dysmenorrhœa can. I gave her, as is usual in those cases, opiates to relieve the pain, and put her on tonic treatment, together with dioviburnia, with instruction if this and the dioviburnia did not lessen the pain at the next period, I would then examine the uterus and see what was to be done. When the next period came she missed; and then suspecting pregnancy (which afterwards proved to be the case), I decided not to examine the uterus. From that time until January 20th she went without an untoward symptom. Up and going when, and where she chose. On January 20th, she began to be threatened with miscarriage. I enjoined perfect quietude and gave opiates. She got on as well as any one could under similar circumstances. On February 13th I was again called and found that on the day previous she had been buggy riding, and was now conplaining with severe pains in the lower part of the

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abdomen, restless, nervous, tossing from one side of the bed to the other; first one position and then another, not occupying the same position exceeding fifteen seconds at a time. I made a digital examination, and found the os not at all dilated and cervix hard, and cartilaginous. Notwithstanding this, when the pains would come up, which they would do at intervals of about every five minutes, I could feel the contractions of the uterus very perceptibly. I gave her a hypodermic injection of morphia sulph. grain ¼, and atrop. sulph. grain 1-150 and waited. In one hour she was no better, and I repeated the morphia, grain ¼, and in one hour more I gave her ten grains of chloral hydrate, and 30 grains of potass. brom. Then in one hour more repeated the morphia. After repeating this every hour for four hours, she sank into a restless, troubled sleep, from which she would wake with a start and nearly jump out of the bed at the least noise or unusual sound. (For instance the striking of a clock would so alarm her that we would have to hold her on the bed.)

On the next day she was considerably improved, and after a day or two was again up, and going any and every where. Contrary to my advice she would get in a buggy and go riding every day. Again on April 2d I was called and found her as before with the exception at this time, the os was somewhat dilated, soft and patulous, and if anything, the pains were greater than before. This time began on morphia ½ grain doses hypodermically. At 8 p. m., I gave her ½ grain of morphia hypodermically. At 8:30 p. m., 20 grains of chloral hydrate; then at 9:30 p. m., ½ grain of morphia. At 10:30 p. m., 20 grains of chloral hydrate, and 30 grains of potass. brom. Then at 12:30 a. m., I gave her ¼ grain of morphia, and 20 grains chloral hydrate, and she again, in about one hour began this sleep, which seemed to be more from sheer exhaustion than from soporifics; and again she would awake at almost any unusual sound, and require the combined strength of two or three persons to hold her on the bed. I left her at 3 a. m. Called again next day and found her much improved from the condition on the night previous. Pulse 125 per minute, temperature 99¾, but complaining of no pain. On the night of the 4th and fifth instant, this same thing was to go through with. On the night of the 5th I concluded to try MacMunn's elixir of opium, to see if it would quiet her. I accordingly began with teaspoonful doses at 9 p. m., and repeated them every hour. By 1 p. m.,

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or within four hours I had given her an entire bottle of MacMunn's Elixir of Opium, and the only effect I could see was the contraction of the pupils. No slowing of the respiration, no soporific effect whatever. I then gave 30 grains chloral hydrate, and again left her. The next day, as usual, she was somewhat better, or at least she could sleep as much as two hours a good quiet sleep. She improved slowly, and again got up. She again began buggy riding and visiting, going as she chose and where she chose, so again on April 23rd, after being out all day in the buggy with her husband, she had me call. I found her with an exactly similar attack to what she had been having all along. I gave her ¾ grains of morphia hypodermically, and introduced a speculum, and cauterized the cervix, both inside and outside with pure carbolic acid. Somewhat to my surprise, she went off into a quiet and peaceful sleep, and rested all night. Was refreshed the next morning and said she felt better than for a month. Again she got up, and was going over town visiting. On May 8th I was again sent for. Finding her as usual, I gave her ¾ grain of morphia hypodermically, and in one hour a grain of phosphate codeine. In one hour again ¾ grain of morphia, and in one hour ¾ grain of codeine. This was repeated alternately for six hours with no visible effect whatever. On the night of the 9th she went through with the same thing. Again on the 10th I used carbolic cauterization in connection with the opiates, and this time got no effect from either. From this on until the 18th of May, I run through the whole category of soporifics, finding none that had any effect upon her. On the 21st of May I was called again, and this time finding the os perfectly dilatable I had Doctor E. P. Becton called, and we discussed the advisability of dilating the womb, and delivering her. But since she was in no immediate danger, we concluded to try her on 40 grains of chloral hydrate per rectum every two hours until she had taken four doses, or until sleep was produced. I went to the drug store and had this prepared for use. Now she had a solution of chloral at the house of 80 grains per ounce, and she had taken from two to three teaspoonful doses. I came back and gave her 40 grains of chloral hydrate of the mixture I had prepared for use by the rectum, and left instructions for her husband to repeat it every two hours until she went to sleep. Being anxious to go to sleep, and not knowing what this was that I gave her by the rectum, she had her husband to give her a tablespoonful of the solution by the mouth, which she had

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there, which was 80 grains of chloral hydrate, she took every three hours until she had taken three doses. The next morning when I came and asked her how she felt, she said, "Doctor, I wanted to sleep last night, and as you left me I had my husband to give me a tablespoonful of that chloral mixture I had here every time he gave me the other medicine by enema, and I got about two hours sleep!" On May 28th I delivered her of a healthy living boy. She had a normal labor in every respect, and made as good recovery as I ever saw any one make. She is 19 years old. This is her first pregnancy, having been married about two years. Never took a dose of morphine or other narcotic until I gave it to her last September, and has never taken any since except what I prescribed. This sounds like one of Baron Munchausen's tales, but every word is true, and can be substantiated. My object in reporting this case, is to call the attention of the Association to two points.

First. The enormous quantities of morphine, chloral, opium, codeine, and other narcotics taken without producing any visible effect whatever, when taken either by the mouth, by the rectum, or hypodermically.

Second. The tolerance of the uterus, its rough handling, its cauterization, not only of the os, but the cervix, and cervical canal, with complete arrest of all pains in the first instance, instead of causing abortion; and in the second, without any effect whatever. Now I know that the terminal filaments of the nerves surrounding the os were probably in a hyperæsthetic condition, and the cessation of pain in the first instance, was probably due to the anæsthetic effect of the local application of the carbolic acid on these nerve terminals. But why in the second case, if this pain was due either to central or peripheral irritation, was it not controlled on the one hand by the enormous quanties of narcotics taken, or on the other by the application of the local anæsthetic to the nerve terminals?

For Texas Medical Journal.

SPURIOUS PREGNANCY.

BY BRUCE P. M'VEY, M. D., MUMFORD, TEXAS.

THE case I am going to tell you about was not a case of spurious pregnancy simple, but that of a supposed true pregnancy in the beginning, followed by abortion at two months, ascites, etc.

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Martha U., colored, aged about 40, consulted me last December, to know why her baby had not been born. Said she was then eleven months gone, and as yet no baby had shown up, and being the mother of fifteen children, she knew there was something wrong.

I scanned her contour, and said to myself, this is either a protracted pregnancy or an error in dates. She went on to tell me that since a few months after the birth of her last child, her menses had been perfectly regular till about eleven months previous, when they stopped suddenly. She suffered no inconvenience from this, however, and supposed herself in the family way, but owing to some heavy lifting about the end of the second month, she tried to abort, having labor pains and hemorrhage. She summoned a physician in time, and was soon all right; but lo! at the end of the third month her menses came again, and she discovered her abdomen growing soon after, and matters thus continued to the time when she consulted me; her menses coming on regularly and her abdomen still growing.

Seeing her as she was, and hearing her talk so sensibly and straight about it, naturally made me open my eyes. So I questioned her further, and she told me that she could feel the child move distinctly, and at the ninth month from the time her courses first stopped, she was in labor a day and night, and had a midwife with her, but matters failed to materialize.

I examined her, and found her abdomen about the size of a nine month's pregnancy, perfectly symmetrical, and soft, as though the whole contents were liquor amnii; but never having thumped a pregnant woman for ascites, I neglected it, and thus erred in my diagnosis, or rather, failed to come to any satisfactory conclusion.

You may say that a digital examination and the fact of her having had her courses, ought to have cleared up matters, and perhaps it ought, but it didn't. The cervix was large and soft, but not overly high up, neither did it have that same feeling, that you all know better than I can describe, that you feel in a woman about to bring forth. Balottement gave no indications of pregnancy.

I recalled to mind cases that I have read about, where menstruation continued clear through the period of gestation, and a case of my own, where the woman, a multipara, was in the habit of menstruating to the fifth month of her pregnancy.

The best idea that I could arrive at was that the child had

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died in utero when small, and the liquor amnii continued to accumulate. I had her former physician, Dr. C. D. Cearnal, who was close by, summoned. He said that he attended her when she was trying to abort, and that she was having labor pains and hemorrhage. He prescribed appropriate remedies, and soon controlled the pain and hemorrhage, but whether she succeeded in aborting or not, he could not say. I then asked him to examine her, and he, having a physician's eye not blinded by obstetrical zeal, thumped her abdomen once or twice, and told me that in his opinion the enlargement was dropsical, and after a thought and a thump on my part, I most readily coincided with the diagnosis. We prescribed Basham's Mixture, and told her that she was not pregnant, and in a few weeks she was apparently in first rate health. She has not been pregnant since, neither had dropsy. There was no question about the enlargement being due to an accumulation of fluid.

Now, dear reader, you have heard my story, and I beg that you be as honest as I have tried to be, and tell me, under the circumstances might not you have been bothered in a diagnosis, too? I know a number of you would not, while many more will say you would not. A multiplicity of contradictory symptoms caused me to entertain, temporarily, erroneous ideas. Now, after having read this, may it not be your lot to be similarly misled, but I would say to you, always keep in mind that every big belly doesn't contain a baby, even if it is on a woman.

For Texas Medical Journal.

ATYPICAL FORMS OF DISEASE AS INFLUENCED BY ENVIRONMENTS.

BY L. M. STROUD, M. D., TERRELL.

[Read before the Terrell Medical Society and voted to Texas Medical Journal.]

THE study of types in nature is no less beautiful than instructive. The versatility of natural laws in modifying types in the animal, vegetable or bacteriological kingdom from environments has challenged the best thought of the scientific world during the last quarter century. Environments have subdivided species into multiform varieties in the animal, vegetable and bacteriological kingdom till the brief span of a life is insufficient to master all that is positively known in zoology, botany

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and bacteriology. Even the study of modifications of types of the same species as influenced by environments, furnishes a broad field to the scientific mind. To exemplify, the house cat is a species of the tiger changed by environments from its ferocious prototype of Bengal whose eyes glisten with thirst for blood to the innocent playmate and friend of the babe in the cradle.

The chin-oak, growing as a forest in miniature on the western border of Texas, and furnishing abundant mast for swine, is but the giant of the forest changed by environments.

The bacillus-malariæ of intermittent fever of our section is the same germ of pernicious intermittent which is the synonym of death in sub-tropical swamps, its natural home. Here the germ is so attenuated as to be amenable to a dose of quinine.

The bacillus-typhosis or so-called slow fever of our section is the same germ of malignant typhoid fever modified by environments as is attested in autopsies by the ulcerated Peyer's glands, as well as frequent deaths from hemorrhage of the bowels, and as is verified by the microscope. The disease being atypical in form, has given rise to the confusion of its nomenclature and consequent errors of diagnosis and treatment.

The sporadic form of diphtheria, originating in our section every year, is malignant epidemic diphtheria, modified by environments, the germ being so attenuated as to render the disease atypical in form. Its environments being unfavorable to the active proliferation of the specific bacilli, and consequently it is feebly infectious and incapable of originating an epidemic.

During a clinical observation of fourteen years in this section I have come in contact nearly every spring with a disease variously diagnosed, by local physicians, scarlet fever, rotheln, erythema, etc., and have witnessed two deaths among children in isolated situations in the country, where there had been no exposure to any known source of infection. By careful analysis of all the concomitant symptoms I am confirmed in the belief that it is simply an atypical form of scarlet fever.

In conclusion, I wish to refer to the influence of environments upon the tubercular bacilli. Every well informed physician is aware of the marvelous recovery of patients having incipient phthisis, going from parts of the country, the topography of which exposes the patient to a damp, cold atmosphere, to the high, dry plains of southwestern Texas and Mexico. The physical laws of nature insure in that section a dry, pure atmosphere

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and an abundance of solar temperature winter and summer. The transition from summer to winter being hardly appreciable, favoring an outdoor life of the patient in the sun and fresh air during the whole year. The environments of the climate being unfavorable to the life and propagation of the tubercular bacilli, enabling us, with a rational expectation of benefit to send our patients there in the hope they will outlive the disease.

Until we adopt the theory of modified germ life from environments as influencing disease, we will have no rational diagnosis or treatment in the atypical forms of typhoid fever, diphtheria, scarlet fever, besides many other clinical conditions we could mention, being unable not only to formulate a rational treatment in the management of these cases, but will be without the benefit of prophylactic measures in limiting them by suitable sanitary precaution.

For Texas Medical Journal.

AN OVARIAN TUMOR WEIGHING 111 POUNDS REMOVED FROM A CHILD OF 15, WHOSE WEIGHT WAS 68 POUNDS.

BY W. W. KEEN, M. D.,
Professor of the Principles of Surgery and of Chinical Surgery, Jefferson Medical College.

[Read before Academy of Surgery, Philadelphia.]

MISS B., of Benezette, Pa., was first seen by me at Driftwood, Pa., February 26, 1892, at the request of Dr. V. K. Corbett, of Caledonia. She was then fourteen years of age and had never menstruated. About eighteen months before I saw her, her abdomen began to enlarge. Six months afterward Dr. Corbett was consulted for an attack of considerable pain in the left side of the abdomen. He found that she was only voiding eight ounces of urine in twenty-four hours, but under proper treatment this soon reached a quart in amount, and has remained so ever since. He never discovered any albumin in the urine. In October, 1891, she had been tapped by a gynecologist, who is said to have diagnosticated a solid and probably malignant tumor, connected most likely with the liver, omentum, and ovary, and who deemed its removal not feasible.

I found the abdomen enormously distended with fluid, and advised very strongly that a small incision should be made in the

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abdominal wall, so that I could determine the relations of the growth with accuracy. Her father, however, was not present, and had made it a condition that nothing beyond tapping should be done. I tapped her immediately, and removed considerably over three gallons of amber-colored fluid. When this was evacuated, I discovered a lobulated tumor on the right side of the abdomen, under the liver and apparently attached to it. It was evidently cystic in part, there being at least two cysts perceptible. Each of these I tapped, obtaining from the upper one a light fluid, and from the lower one a much darker fluid. On account of her age no vaginal examination was made. The fluids pointed strongly toward an ovarian cystoma. I again advised an exploratory incision.

April 29, 1893. The patient was finally brought to the Jefferson College Hospital. She has been tapped twice since February, 1892, the last time in February, 1893, when six and a half gallons were drawn off. She is now enormously swollen. The measurements are as follows: From the ensiform to the umbilicus, 16½ inches; from the ensiform to the pubes, 29½ inches (this measurement in myself reaches from the ensiform to the middle of the calf of my leg); circumference, 49 inches. The veins over the abdomen are very large. Nothing can be made out in the interior in consequence of the enormous abdominal distension. Examination of the urine shows no albumin and a very slight trace of sugar. (?)

Operation. April 30, 1893. A small incision was made in the median line above the umbilicus, as the greater mass of the tumor lay there. A large trocar was thrust in and evacuated a very large quantity of characteristic opalescent ovarian fluid. The escape of this fluid revealed through the abdominal wall large masses lying especially under the liver and in the right iliac fossa. After this evacuation I enlarged the incision until it measured eventually about eight inches in length. I introduced my hand and found an enormous ovarian cyst, reaching up to the diaphragm and pushing everything out of its way. There were a number of moderate adhesions, chiefly to the belly wall and the omentum. The viscera were fortunately entirely free. The pedicle was only 2½ inches broad. The tumor arose in the right ovary, the left ovary being healthy but small.

The weight of the solid mass removed was twenty-seven pounds, and by actual weighing, the fluid removed weighed

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eighty-four pounds, making a total of 111 pounds. The child herself weighed but sixty-eight pounds.

After the removal of the tumor I never saw so curious a looking abdominal cavity. It looked almost like that of an eviscerated cadaver in the dissecting-room. The tumor had so pushed the liver to the right and backward, and the stomach to the left, that nearly the whole of the diaphragm was exposed, and flapped up and down with the pulsations of the heart. Down the middle of the cavity the bodies of the vertebra were entirely exposed, showing the aorta and vena cava to their bifurcations, the intestines being a very minor consideration, and pushed to each side in the hollow of the ribs and the lumbar region. When the abdominal wall was sutured the abdomen was excessively scaphoid, the anterior abdominal wall lying directly on the aorta and vertebræ. The puckering of the skin, although moderately marked, was much less than I had expected.

When the operation was completed, a glass drainage-tube was inserted, and she was put to bed in very fair condition, in view of the gravity of the operation. The tumor was a multilocular cyst.

May 18, 1893. The child has made an uninterrupted recovery. The drainage-tube was removed on the fifth day, when the discharge had become almost nothing, but three days later a slight rise of temperature took place, and the discharge recommenced. A small rubber drainage-tube was therefore reinserted for a few days. She sat up at the end of two weeks, and will go home as soon as the slight discharge from the drainage opening ceases.

REMARKS. I have not had time to search through the literature of ovariotomy, but so far as my memory serves I have never known of a larger tumor removed from a child. It weighed just one and a half times as much as the patient. Her recovery has been most satisfactory in spite of a very poor and capricious appetite. The chief lesson the case teaches is the value of an exploratory incision in every case of doubt. Had this been done, instead of a mere tapping, in October, 1891, when the tumor was much smaller, the prognosis would have been much more favorable, and she would have been spared a year and a half of needless suffering. What seemed to be a most formidable operation really proved to be almost simple one, the adhesions and the pedicle being most favorabe for the speedy recovery which has ensued.

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For Texas Medical Journal.

THE OUTLOOK OF THE PROFESSION TO THE YOUNG M. D.

BY PHEL M. PAYNE, M. D., TERRELL.

(Read before the Terrell Medical Society, and voted to TEXAS MEDICAL JOURNAL.)

In identifying myself with the Terrell Medical Society and accepting the duty assigned of writing a paper, it is in the hope of being benefited by the counsel and wisdom of the older members, rather than a desire to impart instruction or offer anything new.

It is with a feeling of diffidence, I suppose common to young men just entering on a professional career, that I attempt to write.

But viewing the profession that I have just espoused from a moral, financial and purely intellectual standpoint, I think I can see many difficulties, any of which may forever obstruct the young man in his way to success.

Financially, I do not see any rich doctors; morally, I do not know that they are any better than preachers, but I believe that the medical profession offers an intellectual field, which calls into play the higher intellectual operations, not only in the study of human nature, as exemplified by the beggar in his hovel, or the rich man in his palatial mansion, but in tracing the relations of cause and effect, or in studying the uniformity of nature's laws, whether in the law of "multiple proportion," "proximate principles;" or the action of a nerve cell; or the construction of the eye, in obedience to the law of optics, in focussing parallel rays of light on the retina; or the wonderful mechanism of the human heart as a blood pump, forcing the vitalized fluid to every cell of the body, furnishing its particular pabulum whether it be bone, muscle or nerve cell, to say nothing of pathological processes which are simply a disturbance of nature's laws.

To the young physician, with this grand scientific panorama rising before his intellectual horizon, and feeling that the germ theory has just revolutionized the entire theory of medicine, which teaches that the human body is simply a battle field where the vital forces and germ life wage the fiercest warfare, with the odds often in favor of the latter, I undertake to say, it is enough to intimidate the mind of a Franklin and a Newton; and to the

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young M. D., whose ideational cells are just taking shape, it is enough to cause him to go into an intellectual swoon and exclaim, "I know very little, and am not very certain about that."

For Texas Medical Journal.

ULCER OF THE FOOT HEALED BY SPECIFICS AND THIERSCH'S METHOD OF SKIN GRAFTING.

BY E. B. JACKSON, M. D., HOUSTON,

ON the 24th of December, 1892, after I had made many attempts to heal an ulcer on the foot of a little child two years old, an inmate of the Faith Home, I operated according to Thiersch's method of skin grafting. The ulcer, after its callous edges were cut away, was fully as large as a silver dollar piece, and to fill it up required three slips of skin which I shaved by means of a razor, from the front aspect of the thigh on the healthy limb and maintained them at the body heat, 98½° F., in a salt solution of one drachm to the quart of water. After the hard margins of the ulcer were cut away and its unhealthy bed thoroughly curetted, it was covered by a silk protective and sufficient pressure was made to check the bleeding and dry the raw surface. Now the tissue-paper slips of skin, by means of two probes, were placed into their position with their raw surface facing the raw and purified surface of the ulcer. The foot was now covered with aseptic gauze and put up in a plaster-paris bandage. The dressing was removed five days later, and the skin in the center of the ulcer had taken satisfactory life, but the margins of the ulcer were yet uncovered, which was accounted for by the scantiness of the skin which the little boy's emaciated thigh would only furnish. With careful dressing of the remaining raw edges of the ulcer and with attention to internal treatment, healing was completed in six weeks.

Current Medical Literature.

DEPARTMENT OF PRACTICE OF MEDICINE.

Conducted by Professor Allen J. Smith, A. M., M. D., Medical Department University of Texas, Galveston.

DIPHTHERIA TREATED BY THE TARTARIC ACID CORROSIVE SUBLIMATE OF MERCURY METHOD.—M. G. Tull, of Philadelphia (*Times and Register*, May 20, 1893), attracted by the report of

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Rennert that he had found a 1-500 tartaric acid corrosive sublimate solution, swabbed on the faucial walls every six hours, the most valuable local application to the diphtheritic membrane, made use of the same plan in a series of cases, with excellent results. In a group of between forty and fifty cases Dr. Tull met in the autumn of 1889, he lost no case. During the autumn and winter of 1892, a second series of thirty-three cases was encountered, in the Baptist Orphanage of Philadelphia. The first nine cases were at once isolated, and the following treatment employed in a routine manner in each case. Each child was given one of the following triturates every half hour until a free movement of the bowels had been secured, and after that every two hours:

℞ Calomel ..... gr. 1·5
Sodium bicarbonate ..... gr. j
Ipecacuanha ..... gr. 1-10

The following mixture, modified to suit the ages of the children, was also employed:

℞ Quinine sulphate.
Potassium chlorate.
Potassium citrate.
Syrup of the chloride of iron.
Syrup of yerba santa.

M. Sig.: A dose every two hours.

Nourishment consisted of liquid peptones (S. & D.) at the commencement, rapidly followed by a full diet as the patient convalesced. Every three hours the throat was swabbed, an ordinary pledget of cotton being used in the application, with the 1-500 solution of tartaric acid corrosive sublimate (Mulford's tablet, containing 3-85 gr. of bichloride of mercury and 19.25 gr. of tartaric acid in a gill of water). The results were immediate, and the patients all recovered rapidly, so rapidly, in fact, that it was believed by the house attendants that the sickness was not diphtheria, and in consequence of this disbelief, one self-sufficient matron purposely neglected calling attention to five new cases, which she proposed treating herself, to prove that the physician was wrong. She concealed the cases until the disease had progressed some days, and until she became alarmed at their severity. Of these five, three died, and following these a second outbreak occurred, eighteen fresh cases, who had been imperfectly isolated from the five, appearing. Of the last number, two died,

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one a child of four years of age, of exceedingly bad family history, and evidently a weakling, the second from a severe intercurrent attack of measles. All the rest were promptly benefitted by the course of treatment pursued. Dr. Tull urges the propriety of the method, in that from experimentation Laplace had a number of years since proved that there is a strong antagonism exerted by this acid sublimate solution upon the diphtheritic bacillus.

PATHOLOGY AND TREATMENT OF GRAVES' DISEASE (EXOPHTHALMIC GOITRE).—Dr. W. H. Thompson, of New York (*N. Y. Med. Journal*, June 3, 1893), calls especial attention to the frequent absence of either or both the exophthalmos and the goitre in Graves' disease, and remarks the inaccuracy of its common name. He believes the tachycardia and the tremor are the two most constant symptoms, and suggests as the point of origin of the various manifestations of the affection, the nuclear origin of the glosso-pharyngeal, the vagus and spinal accessory nerves, a paralytic lesion being capable of accounting for the different symptoms. The author acknowledges there can be little structural alteration in this region, without involvement of the adjacent vital spots, but relies upon the supposition that through digestive failures toxic substances are formed, and are carried about through the circulation and exhibit a selective power upon these parts of the nervous system. In conformity with this idea, Dr. Thompson takes especial care to look after the intestinal digestion in all cases of exophthalmic goitre, cutting down the meat supply and substituting fermented milk. Upon such diet, and with very little medication, the author claims to have met exceedingly good results from his treatment.

TUBERCULOSIS IN THE NEGRO.—J. A. Pritchett (*Alabama Medical and Surgical Age*, June, 1893), in a paper recently read before the Alabama State Medical Association, discusses with interest the question of the generally admitted increase of tuberculosis in the negro since the war. Dr. Pritchett ascribes—as in fact do almost all physicians whose experience has extended over a sufficient period of years in the South—the greatest influence in this increase to the altered relations of life encountered by the black after his emancipation. The careful isolation of the negro upon the plantation; the denial of free intercourse with the neighboring plantations or towns; the forced regularity of

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his hours and meals; the plain, nourishing quality of his food; the care exercised over the sick; the vigilance in the marriage regulations, looking to the physical improvement of the offspring; the care as to the cleanliness and drainage in the quarters; the denial of excessive excitement, religious, political, or otherwise,—all these contributed to the well-being of the slave upon the aveage plantation in ante bellum days. In the present days, nearly all these conditions are reversed for the majority of the race, and of necessity the opportunities for infection by tuberculosis have increased manifold in consequence of the change. The improper clothing, the improper food, the greatly increased possibilities of exposure of every sort, have largely contributed to the acquirement of those catarrhal conditions affording the predisposition most favorable to tubercular infection. So, too, all these factors influence the acquirement of other infectious diseases, to which the slave was apparently almost immuned—the fevers, and syphilis. The writer lays especial stress to the great frequency of phthisis florida in the negro, the rapid and almost unheralded course of the disease, and the great likelihood of mistaking this for an ordinary uncomplicated croupous pneumonia until the failure of the usual periods in the pneumonia suggests the possibility of the presence of the fatal infection.

REST VS. EXERCISE IN THE TREATMENT OF PULMONARY CONSUMPTION.—Dr. T. J. Mays (*Medical and Surgical Reporter*, June 17, 1893), calls attention, in a recent most valuable article, to the great worth of rest, absolute or partial, in the treatment of phthisis. The old and very prevalent idea that strength is to be gained by consumptives by exercise in the open air, is perhaps not to be questioned as the patient approaches near to the strength of a healthy individual; but the weak and shattered individual, with resistive power already much below normal, is not strengthened, but on the contrary, is further weakened by the extra exertions thrown upon him. The author impresses his teaching by the simile of a financier, who, with full treasury, may attempt the greatest financial feats with confidence in the results, but who with lowered exchequer attempts even less daring speculations only with the greatest risk of absolute monetary dissolution. Dr. Mays would prescribe, as one of the most essential features in the treatment of the incipient cases, where loss of strength and of flesh is perhaps the only marked symp-

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tom, and in the very weak and emaciated case, a course of rest in bed,—or if not rest in bed absolutely, at least pronounced bodily rest, with relief from all the ordinary cares of life, and all daily exercises. With this as a prime point in his treatment, combining it with the usual care in nutrition, the author has demonstrated, upon a series of cases which he quotes in the article in question, a marked improvement with increase in weight and strength in almost every case, in some instances entire relief from symptoms.

DEPARTMENT OF THERAPEUTICS.

[Under the charge of David Cerna, M. D., Ph. D., Demonstrator of Physiology in the Medical Department of the University of Texas, etc.]

THE THERAPEUTIC APPLICATIONS OF KOLA-NUT.—John V. Shoemaker publishes an interesting article on the therapeutic actions of kola-nut (*American Med.-Surg. Bulletin*, May, 1893). The drug is really a *seed*, and is the product of the *Sterculia acuminata*, indigenous to Africa. It contains about 2.3 per cent. of an alkaloid analogous to theine and caffeine, 0.023 per cent. of thebromine, together with tannic acid, sugar, albumin, cellulose, starch, fat, and fixed salts. The drug is said to increase the appetite and facillitate digestion. According to the studies of Shoemaker it has been found of service in a large variety of disorders characterized by debility. He has employed it, with apparent success, in migrane, simple anæmia, melancholia, ulnar neuritis, vaso-motor neuroses, gastro-intestinal irritation, irregular heart, pulmonary tuberculosis, tubercular diarrhœa, dyspepsia, gastro-enteritis; in the convalescence from severe ailments, such as typhoid fever, acute pneumonia, rheumatism, influenza, etc.; in catarrhal jaundice, bilious diarrhœa, and finally, in cases of prolonged suppuration from diverse causes. The powder of the drug may be administered in doses of from five grains to one and even two drachms, given preferably in capsules, or compressed tablets or lozenges. The author has found the remedy, on the whole, *an excellent reconstituent tonic*. It is readily taken, and acceptable to the stomach; takes the place, to a certain extent, of alcoholic stimulant, and has a more permanent effect than alcohol.

* * *

THE USES OF THILANIN—In an interesting paper, George Henry Fox (*Amer. Med.-Surg. Bulletin*, May, 1893) published

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his experience with the use of thilanin in the treatment of skin diseases, both in private and hospital practice. The author's estimate of the drug is not particularly favorable. He has failed to find any justification of the claims which have been made in its behalf. From the good results, however, which followed its use in the cases of erythematous lupus and seborrhœa, he appears to be inclined to give the remedy a further trial in similar cases; but even here would not recommend it as possessing any *exceptional* virtue. Some of the cases, taken alone, might serve as a basis for the highest praise of thilanin, while others would seem to justify its utter condemnation. Taking all together, they appear to prove that the drug in question, like most of the "new remedies," is of some value under certain conditions, but is far from being the valuable addition to our dermatological pharmacopœia, which the paper of Saalfeld would lead one to suspect.

* * *

GALLANOL IN THE TREATMENT OF PSORIASIS AND ECZEMA.—At the recent annual meeting of the French Society of Dermatology and Syphilography, according to the report in the *Progres Medical*, for April 22, Dr. Cazeneuve and Dr. E. Rollet, of Lyons, made known the results obtained in the treatment of psoriasis and eczema by means of gallanol. This body, isolated by them in a state of purity from gallic acid, acts powerfully upon the skin as a reducing agent. In psoriasis the affected part is painted with a ten per cent. solution and the layer is covered with traumaticine. After a very short time the psoriasis is found to have disappeared. In chronic eczema, a ten per cent. or twenty-five per cent. ointment causes the itching to subside and brings about a prompt cure.—*N. Y. Medical Journal*, May 13, 1893.

* * *

TOLERANCE TO NITRO-GLYCERINE.—A curious instance of unusual acquired tolerance to nitro-glycerine is reported by Geo. Evans Reading, of Woodbury, N. Y. (*Therapeutic Gazette*, May 15, 1893). The case was that of a woman, fifty-seven years of age, in whom a chronic interstitial nephritis had been diagnosed. She was placed on nitro-glycerine in 1.100 of a grain doses, in solution, before meals, and on chloride of gold and sodium, in 1.20 of a grain doses, after meals. The nitro-glycerine produced from the first its physiological effects, but these soon wore off, and the dose was gradually increased. The increase of the dose

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was steadily continued, until in less than one year from the time of beginning the patient was taking a teaspoonful of a ten per cent. solution at each dose, this being equal to six grains of the pure drug. This dosage was maintained without any further increase for several weeks. The effect upon the kidneys was marvelous. From five quarts per diem the urine decreased to four pints, and from a sp. gr. of 1002, with no color and not even a urinary odor, it increased to a sp. gr. of 1018, and presented then a natural color. The disagreeable symptoms exhibited by the patient, such as vertigo and indigestion, were considerably ameliorated, and, indeed, apparently cured. The chloride of gold and sodium was increased to 1.10 of a grain. This remarkable case of tolerance to nitro-glycerine is put on record by the author to emphasize the fact that to secure the good effects of which the drug is capable in the disease in question, it must be pushed to the utmost tolerance of the patient, whatever that dosage may be.

* * *

WHAT BENEFIT CAN EAR-PATIENTS DERIVE FROM NASAL TREATMENT.—Under the above title H. Gradle, of Chicago (*The Journal of the American Medical Association*, June 3, 1893), publishes an interesting commnnication. A review of his observations from the aural point of view leads the author to the following conclusions:

1. Acute suppurative inflammation of the middle ear, if not treated, has a tendency to become chronic, the tendency increasing with the age of the patient.

2. Chronic suppuration of the middle ear rarely heals without treatment. Neither acute nor chronic purulent otitis is influenced by nasal treatment, but the liabiltity of relapses after their cure is decidedly lessened by the removal of naso-pharyngeal anomalies.

3. Acute catarrh of the middle ear will generally terminate in complete recovery under aural treatment, and sometimes even without it, provided there are no persistent nasal or pharyngeal lesions. But when these are present the disease is more likely to become chronic in spite of aural treatment, and in many instances can either not be cured or if improved will speedily relapse unless the normal state of the nose and throat is restored.

4. Proliferating or adhesive disease of the middle ear is the consequence of retro-nasal catarrh and its course is determined by the course of the disorder causing it. Aural treatment alone

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is practically useless in this form of trouble, while nasal treatment, if successful as far as the catarrh is concerned, will also arrest the ear disease. The restitution of hearing, however, depends upon the length of time the disease has lasted and is often aided by ear treatment after the cure of the retro-nasal catarrh.

DEPARTMENT OF DERMATOLOGY.

[Dermatological Notes by Isadore Dyer, M. D., Lecturer and Clinical Instructor Medical Department Tulane University, etc. New Orleans, La.]

TREATMENT OF EPHILIDES BY THE METHOD CALLED "ÉCORCHEMENT.—In an article read before the French Dermatological Society, from the pen of Dr. M. Van Horn, of Amsterdam, this method was discussed. It follows Unna's practice, and according to the author has been used successfully in confluent freckles, uterine chloasma, rebellious acne rosacea, scars and other disfiguring lesions, on the face especially. The author calls the process the method of Ècorchement, which means that a veritable epidermic mask comes away in a single piece and represents almost the entire epidermis. When the skin of the face has been separated in this way, detached superficially, the skin underneath appears free from blemish, and freed entirely from the objectionable or disfiguring lesions.

This result is obtained in about a week at the cost of considerable pain, like that of a blister. In the case of pigmentation of chloasma, a single application suffices. It must be repeated in deeper seated and more obstinate cases; the cicatrices following small-pox, for example. Here the object is, of course, to diminish as much as possible the differences in color and elevation between the cicatrices and the healthy skin.

Here is the method:—Several times a day the patient is instructed to apply the following to the skin to be treated:

R.	Resorcin	40 grammes
	Oxide of zinc	10 "
	Anhydrous silicylic acid	2 "
	Lard	20 "
	Olive oil	8 "

M.

In three or four days the skin becomes dry and chapped. Now is the time to apply the treatment, which consists of the following gelatinous paste:

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℞ White gelatine ..... 4 grammes
Oxide of zinc ..... 3 "
Glycerine ..... 5 "
Distilled water ..... 8 "

M.

This should be applied hot, and covered with lint to avoid sticking. In a few days the old layer of the epidermis becomes detached and together with the dried paste can be readily removed with a pair of scissors.

This treatment has been used successfully in the clinics of the St. Louis Hospital in Paris, but it is doubtful whether the pain incurred is justified by the result obtained.—*Annales de Derm. et Syphilog.*, May, 1893, p. 577.

* * *

P. H. PYE-SMITH ON DISEASES OF THE SKIN. Lea Bros. Philadelphia, 1893.—Compared with Dr. Crocker's recent and most modern edition on this branch, this little contribution suffers. Considered alone, however, there are many points worthy of criticism.

The work is practical in the treatment suggested, and in the methods of diagnosis. The suggestions for the classification of skin diseases are confusing and too elaborate to be useful. They differ, moreover, so far from the lines usually accepted and followed that so radical an innovation must be condemned. Dr. Pye-Smith's book is not modern, and is not complete, many important skin diseases having been omitted. The work is full of clinical suggestions. The diagrams of the localization of certain skin affections is worth noticing, and the article on eczema is well prepared. It can scarcely be commended as a text-book, but the specialist will be glad to read a work in which the author predominates, and which differs so much from the recent works on the same subject.

* * *

THE ELIMINATION OF MERCURY.—Linden: Untersuchungen über die Resorption und Elimination des Quecksilbers. (Ergänzungshefte zum Archiv. f. Dermatologie und Syphilis, 1892, No. 2, p. 226.)

The author arrives at the following conclusions: In a mercurial treatment the mercury is eliminated in a regular manner as long as it is present in the system. The quantity of mercury excreted depends upon the amount ingested and the time elapsed since treatment was stopped. After a single injection of the sal-

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icylate of mercury, the mercury is found very quickly in the urine, several hours after, even. There is more eliminated during the first and second day. After that it diminishes rapidly, and ordinarily one cannot find it at the beginning of the second week. After a treatment with injections of a large amount of salicylate of mercury in a relatively short time, one can confirm the presence of the mercury in the urine after a lapse of time notably longer than after a single injection. The proportion of mercury remains large up to the end of the first week, when it begins to diminish. It can also often be missed after as small an injection as five per cent. During subsequent weeks the diminution continues, until one can find in the fourth week the mercury in the proportion of seventy per cent. In the second month it is not found in larger proportion than twenty-four per cent. for all the analyses. After a treatment with inunctions, the mercury does not appear much later in the urine, that is to say, after one or two weeks of treatment. Later, it is found all through the treatment and the presence is determined four weeks or so after treatment is stopped. After a course of internal treatment the mercury appears in the urine much later than after the injection treatment, not until about the fifth or sixth day, and proportionately more feeble. The author has failed to discover the mercury nineteen days after the treatment was finished.

The most of the mercurial preparations employed provoke in the tissues a marked irritation due to the coagulation of the albumen. They cause infiltration and often abscesses. Liebrich insists upon the necessity of choosing for injection only such mercurials as do not form combinations in the tissues, or only those which are readily soluble. The salicylate seems to be more soluble than the other salts and it remains dissolved in sodium chloride solution. This solution is found in the system. The salicylate, therefore, must be absorbed. Clinical experience has confirmed the justice of this opiniou, that the mercurial salt is absolved as promptly as other soluble preparations, without causing marked irritation. The rapidity of the absorption is evidenced by the salivation which appears often one hour after the injection, and by the prompt modification of the system often seen on the second day.

Different opinions obtained as to the advantage of a more or less rapid elimination of mercury. Nevertheless, a prompt absorption and subsequent rapid elimination would seem to account for the fact that the author had never observed mercurialism, in

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spite of prolonged treatment by injection with doses of ten centigrammes. To obtain an action as rapid and as durable as possible without provoking hydrargyrism, the author has found that it was preferable to employ the salicylate of mercury in the dosage of ten centigrammes and to make the three or four first injections at intervals of four or five days. Subsequent injections were made seven to nine days apart.—*M. Doyon in "Annales" for May*, p. 681.

Correspondence.

For Texas Medical Journal.

SECRETARY WEST AND THE BUFFET BANQUET.

Vixere fortes ante Agamemnona Multi.—HORACE. *

MESSRS. EDITORS:—In your June issue H. A. West, M. D., in an article, "Notes on the Recent Meeting in Galveston," writes:

"Of the social features of the occasion it would not be becoming in the writer to speak in detail, but one thing I wish to mention: that is, what appears to me as the charming success of substituting the buffet banquet and concert, where ladies could grace the occasion by their presence and smiles, for the traditional drinking bout and maudlin speech making, ordinarly called a banquet, which has hertofore prevailed. It was mainly to try this experiment that induced me to accept the responsibility and labor incident to the chairmanship of the Committee of Arrangement. The general impression made upon my mind was that the recent meeting was a grand success in every way, and a most favorable augury for the future progress and usefulness of our beloved old Assocaition."

These words are quite in keeping and accord with his speech of acceptance when elected Secretary of the Association. Little credit was then accorded the body, and less to the former secretaries, the distinguished Young, the laborious East, the painstaking Burt, the brilliant Bibb, the versatile Daniel. He was "induced" (pro bono publico) "to take the place to elevate the tone, and increase the scientific character of the Association." Two meetings have been held since his election, and the two meetings previous to his advent (the one at Fort Worth, the other at Waco), suffer nothing in comparison. Nobody has been startled that I have heard of, by any brilliant *coup d' etat* of the new Secretary.

[* There lived many heroes before Agamemnon.—ED.]

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The zealous doctor now a second time (pro bono publico, of course,) descends into the arena as a reformer in the character of Chairman of the Committee of Arrangements, in which role (himself the judge) he scored a "charming success,"—"substituting a buffet banquet and concert where ladies could grace the occasion with their presence and smiles for the traditional drinking bout and maudlin speech making."

Now just what this meteoric display of buffet oratory means, I am sure I do not quite comprehend. I have known the Texas State Medical Association from its first meeting. I have never witnessed, never heard of any drinking bouts or maudlin speech-making, much less that they were traditional. *He* substituted—*he* tried the experiment. There were banquets with wine, and banquets without wine, long before this great reformer and experimenter became a member. I have been a member from the first meeting and I have seen but one drunken man at a banquet of the Association,—he made a maudlin speech. He was not a member, was not a medical man. At the request of the Chairman of Committee of Arrangements of the banquet at Fort Worth (1890), the last I attended where wine flowed plentifully, I presided. I thought I saw what passed. I saw no drinking bout, heard no maudlin speech-making. I did hear some fine speeches, well suited to a convivial occasion, speeches that added no little to the merriment of the guests, and helped to make the banquet a "charming success." I saw too quite a number of beautiful ladies of high social standing gracing the occasion by their presence and smiles.

The doctor assures us he made his banquet a charming success. Admit *he* did it all—that the other members of the committee were dead-heads—did nothing. Be his whatever merit he may claim, it is no concern of mine. But I must, I will protest, with whatever emphasis I may, against the unjust, uncalled for, gratuitous insult to gentlemen, his peers in every respect, who were just as praiseworthy and successful in their efforts to entertain the Association on previous occasions as was Dr. West at Galveston,—and this for no other or better reason than that these gentlemen differed with him in regard to the propriety of using wine upon such an occasion.

Three or four decades ago, when the writer first came to the State, it was a custom when a newcomer was observed to begin to swell with self-importance, and to talk about how they did things back where he came from, and to put on airs, to tip him

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a gentle reminder that it was the thing for him to do to *go foot and spell up.* I do not forget that customs are like laws—

"Laws, as we read in ancient sages,
Have been like cobwebs in all ages.
Cobwebs for little flies are spread,
And laws for little folks are made;
But if an insect of renown
Hornet or beetle, wasp or drone,
Be caught in quest of sport or plunder
The flimsy fetter flies in sunder."

The paragraph quoted from Dr. West's letter is the more to be regretted, as it is not calculated to help the T. S. M. A. in which all desire harmony; as little is it of a character to conciliate the profession and draw them to the support of the Medical Department of the Texas State University with which Dr. West is connected, and for the up building of which the noble and learned Doctors Paine and Clopton and others are laboring so indefatigably, and for the success of which all Texas medical men who care for the status of scientific rational medicine in their State should heartily co-operate. D. R. WALLACE.

Society Notes.

PAN-AMERICAN MEDICAL CONGRESS.

TYLER, Texas, July 15, 1893.

To the Medical Profession of Texas:

I will be glad to send up the application of any and all practitioners of regular medicine in good standing to join the Pan-American Medical Congress, which convenes in Washington, D. C., on the 5th day of September next, and holds four days.

You may send your name with the registration fee, $10, to myself or to Dr. A. M. Owen, Treasurer of the Congress, at Evansville, Ind., and your name will at once be enrolled as a member, and you will be entitled to all the privileges and benefits of the Congress.

There is a grand opportunity to meet face to face many of the great lights in our profession, and hear read and discussed papers on many different medical subjects by such men as Wm. Pepper, N. S. Davis, Joseph Price, S. E. Chaille, A. Loomis, and others of our own United States, as well as many distinguished men of foreign countries.

All progressive men in the medical profession should avail themselves of this opportunity at once as the time is limited.

I will gladly give any information I can in regard to the meeting, etc.

T. J. BELL, M. D.,
Vice-President for Texas, Tyler, Tex.

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DR. ROBT. MORRIS, Charity Hospital, N. O.; Clinical Reports.

—o—

The JOURNAL is the official organ of the Austin District Medical Society, the West Texas District Medical Society and the Galveston County Medical Society.

INTELLIGENT TREATMENT OF DOMESTIC ANIMALS

Readers of the JOURNAL will remember that we have ever advocated a more intelligent and rational treatment of our domestic animals than that which, except in certain favored localities, they get at the hands of so-called veterinary surgeons. In Europe, and especially in Germany, it requires a long course of careful study to enable one to become a horse doctor,—the anatomy and physiology of the quadrupeds are as carefully studied as that of the biped animal in this country, and clinics where pathology and treatment are taught, are as common as the other kind of clinics are here. But in America, anybody, especially one who has kept a livery stable, or clerked in one, can become a "veterinary surgeon." Speaking in general terms, their knowledge of anatomy, physiology and pathology, as well as of materia medica and therapeutics, is *nil*, while their entire knowledge of treatment consists of a few drenches or washes, handed down from one generation to another, and entirely empirical; and their surgical resources consist of bleeding from the roof of the mouth, or blowing up the skin for "sweeney," or burning out the swollen gum with a hot iron for that condition known as the "lampers." Of course there are many exceptions, but they are confined to cities,—and a ten thousand dollar race horse or a thorough-bred cow, bull or sheep has a slim chance

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for his life should he get really sick, or meet with a barbed-wire-fence or other accident; the only resource is the horse doctor at the nearest livery stable, with his drenches, etc.

The JOURNAL makes a plea in behalf of the valuable, patient dumb servants; we think that humanity demands that physicians give some attention to diseases of the horse, dog and cow, and when called on give them the benefit of their skill and knowledge, the same as to other patients. Why not? It is a noble study, and, leaving out all humanitarian considerations, it can be made remunerative. The owner of a three hundred dollar mule would gladly pay ten or twenty dollars to a surgeon to sew up a cut, arrest a hemorrhage, or render similar service whereby the life and usefulness of the animal may be preserved. Why not prescribe for, or perform an operation on a horse or a dog or a cow, or even a hog, if requested to do so, and why not render a bill for and take pay for the service? We see no reason why not, but many reasons why yes.

The foregoing reflections have been brought out by seeing the following card, sent us by Dr. Talley, of Temple. Dr. Talley is President of the Austin District Medical Society, and an old member of the State Medical Association. He is a great lover of fine stock,—and being a humane man, as well as an accomplished physician and surgeon, and recognizing a real want in his section—a fine stock-raising country—for skilled knowledge and service for stock, he has very sensibly undertaken to practice veterinary medicine and surgery. He has taken the initiative step in a very sensible and important movement, one which we hope to see numerously followed by physicians all over the State.

The JOURNAL gives the doctor's card free insertion, and commends his good sense, wishing him success in his new field of laudable labor:

VETERINARY AND BOARDING STABLE,

Avenue B, Between 12th and 14th Sts., for the

CARE AND TREATMENT OF ALL DOMESTIC ANIMALS.

R. P. Talley, M. D., Proprietor.

TELEPHONE.

TEMPLE, - - - TEXAS.

To accommodate some friends, I can be found at the Central Hotel, at Belton, Texas, every Wednesday.

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[Reverse side of card.]

"It has been, and no doubt will be, said by the uninformed, that I have abandoned the practice of medicine and surgery for the human family. Such is not intended by the publication of this card, but when not so engaged I will serve my friends in the interest of their domestic animals as best I can, for which I shall charge fees as may seem right to me, but never more, and generally less, than for like services for the human family. In the practice of medicine and surgery for our domestic animals, I am rendering service to our uncomplaining servants, as well as thereby becoming, from day to day, better able to render good service to the human animal, the domestic and other inferior animals having furnished uncomplainingly perhaps three-fourths of our present reliable information regarding the ills to which human flesh is heir.

"The faithful family physician cannot be found who is not willing to advise his patrons for the welfare of their pet stock and domestic animals, and why should they not pay for such service as well as for anything else of value? My stable is especially arranged for the comfort and health of all animals in my charge.

"For pleasure and profit, I am breeding two species of the dog family—English Mastiff and Bloodhounds, of the best blood to be found in any country."

FUNCTION OF THE PHARMACIST.

The JOURNAL had always thought that the relation borne by the great manufacturing pharmacist to the medical profession was that of a caterer, that he was the doctor's ally, in that he materialized the discoveries made by the physician with regard to therapeutics, and prepared the medicines needed in practice, ready to his hand; that he had taken, on a large scale, the place of the "apothecary" or compounder of drugs for the doctor, of old ancient times,—relieving the doctor of all the details of the mere preparation for use. Great improvement has been made in respect to the form in which medicines are now dispensed. In concentrated form, neat and attractive in appearance, and stripped of all repulsiveness in taste or smell, all the medicines needed by the practitioner can now be carried in a buggy case or pocket case.

Parke, Davis & Co. have for years been recognized as pioneers in this line. Anticipating the demand for some drug, which, through the recommendation of some prominent practitioner (who has given the profession the benefit of his experience) has become popular,—or, in modern parlance—the "fad," this firm has usually been the first to put it upon the market in eligible

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form and of definite and reliable strength, and to advertise it to the profession in a strictly legitimate way. Other large firms have been alongside of them,—Sharp & Dohme, Wyeth Bros., W. H. Scheffelin and others,—and they serve the profession very acceptably by their tablets, triturates, fluid extracts, etc.

The medical profession have shown a keen appreciation of this enterprise by the bestowal of a liberal patronage. These great manufacturing pharmacists do not hesitate to take hold of any new drug which comes to the surface, and investigate it thoroughly. They expend large sums of money, both for the crude drug and for machinery and apparatus with which to analyze it, and if found valuable they prepare it in elegant form ready for administration. They extract the active principle, most frequently an alkaloid, and enable the doctor to administer it hypodermically.

Looking at the relation of the two professions in this light, and having for many years observed the intelligent zeal with which these big firms have followed up the suggestions of the leaders of medicine by supplying the profession with any drug discovered, or combination recommended, we were no little surprised to see the spirit of indignation with which Dr. Hammond protested against the manufacture and sale by Parke, Davis & Co. of "certain animal extracts." It has led to an unfortunate and bitter controversy, from which can come no good to any one, that we see.

It will be remembered that Dr. Hammond read a paper before the N. Y. Post Graduate Faculty and class on "Certain Animal Extracts" in the treatment of certain diseases, and detailed quite a lengthy experience he had had with a preparation which he called "cerebrine," made from an ox brain by his own hand. This paper was ostensibly a scientific paper, and read for the benefit of the profession. It was published in the *New York Medical Journal* and extensively copied.

What was more natural then, and to be expected, than that leading manufacturing pharmacists should, on so strong recommendation from such well known authority, anticipate that there would be a demand for these extracts, and that they should hasten to prepare them and offer them for sale? Parke, Davis & Co. purchased machinery and apparatus and begun the manufacture of several extracts "in accordance with Dr. Hammond's recommendation," amongst others, one from ox brain, which they called "cerebrin,"—Dr. Hammond having called that pre-

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pared by himself "cerebrine." Dr. Hammond stated that it required six months preparation. Parke, Davis & Co. announced that by a *process of their own*, they were enabled to prepare "cerebrin" in six days, and claimed that it had the same virtue and strength as if prepared in six months. Dr. Hammond demanded that they should cease using his name and cease making cerebrin—as it was *an infringement upon his rights!* Parke, Davis & Co. then at once called in the advertisements they had sent out and we presumed the trouble was over.

Since then, however, a very fiery correspondence has taken place between the parties, or rather, between the lawyers of the parties, and the medical profession are threatened to be deluged with the details of another unnecessary and vexatious lawsuit, a quarrel between a doctor and a manufacturer of drugs. The latter have sent out a circular letter to the medical press, from which, in the interest of fair play, we copy the following.

They claim that they "had no means of knowing that the article in the *New York Medical Journal* was *intended as an advertisement* for a manufacturing house, or that the extracts advocated therein were *protected* in any form by trade-mark." And again, they say:

"If Dr. Hammond had stated in his paper that . . . he was President of the . . . Chemical Company, and that he claimed proprietorship in the words 'Cerebrine,' etc., and that the extracts advocated in the paper were manufactured in his own laboratory . . . solely for the . . . Chemical Company, is it not probable that his paper would have been rejected by the *New York Medical Journal?*

"On the contrary, this paper appeared in the guise of a scientific communication, and as such, was accepted by the medical press generally, and given wide dissemination. We too were deceived among the rest, and consequently, in our desire to keep abreast of the times in the introduction of new therapeutic agents, we were led to manufacture, advertise and market the alleged principles recommended by Dr. Hammond. For this act we are threatened, through the attorneys of Dr. Hammond, with dire penalties. And not content with threatened legal punishment, Dr. Hammond disseminates through the mails a scurrilous circular that indicates intent to do great injustice to us, and finally enlists the medical press (*New England Medical Monthly*, Dr. Wile) in circulating this personal attack."

As the TEXAS MEDICAL JOURNAL declined to publish the article referred to, though several times requested by an advertising firm to do so, typewritten copies of the original manuscript being sent us in advance of publication elsewhere, and as

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we have so far taken no part in the controversy,—certainly have not published Dr. Hammond's circular, we object to the above remark that "the *medical press*" had been "enlisted" in circulating a "scurrilous attack." But we echo the sentiment expressed by Parke, Davis & Co., that it is time to pause and ask whither away medicine is drifting and what of the code of ethics, if the medical journals are to be used for such purpose without protest.

The JOURNAL would remain neutral in this matter, as both parties are patrons and friends; but this is not a personal matter. There is principle involved, and if leading practitioners of medicine are to become proprietors of trade-marked preparations of of their own discoveries, we see no distinction whatever between cases of this kind and that of Amick, and of Keely, against whom such an outcry has been made, and we had as well now as later, break down all barriers, throw the code to the winds,—"let slip the dogs of war and cry havoc," and every one go in on the make,—for with the *aid of the medical press* it would seem to be rapidly coming to that. I am afraid Wile has gone back on his record,—he used to speak out in defense of legitimate medicine.

PAN-AMERICAN MEDICAL CONGRESS—TEXAS DELEGATION.—The publication in the newspapers, of the Governor's list of delegaes to the Pan-American Medical Congress was premature. This was a list which had been submitted but had not been duly considered and selections had not then been made. Below we give the list of delegates to whom commission was issued by the Governor:

Dr. R. M. Swearingen, Austin,	Dr. J. W. Gallagher, Graham,
Dr. W. M. Yandell, El Paso,	Dr. R.H. Harrison, sr., Columbus,
Dr. E. W. Lightfoot, Pittsburg,	Dr. W. J. Goodman, Tyler,
Dr. A. M. Denman, Lufkin,	Dr. L. L. Whitaker, Elmendorf,
Dr. Joseph Kemp, Walnut,	Dr. J. F. Eves, Millican,
Dr. H. M. Beaty, Plano,	Dr. J. L. Jones, Gatesville,
Dr. J. P. Knox, Denton,	Dr. L. B. Roebuck, Italy,
Dr. F. E. Pope, Honey Grove,	Dr. H. A. Tutwiler, Flatonia.
Dr. Wm. Boyd, Waxahachie,	Dr. J. M. Willis, Waco,
Dr. Pat Clark, Ennis,	Dr. J. T. Wilson, Sherman,
Dr. J. W. McLaughlin, Austin,	Dr. Amos Graves, San Antonio,
Dr. J. F. Y. Paine, Galveston,	Dr. E. L. Thompson, Dallas.
Dr. T. D. Wooten, Austin,	Dr. T. C. Osborn, Cleburne,
Dr. A. M. Douglas, Covington,	Dr. J. H. Sears, Waco,
Dr. F. Herff, San Antonio,	Dr. Geo. Cupples, San Antonio,

Dr. T. J. Tyner, Austin.

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Secretary West, of the Texas State Medical Association, informs us that no delegates were elected at last meeting, but Drs. Ed. Randall, A. J. Smith, David Cerna and H. A. West, of Galveston; Dr. M. M. Scott, of Brownwood, and Dr. J. D. Burch, of Aurora, will attend the Congress and have been duly commissioned as representatives of the State Association.

Medical News and Miscellany.

Dr. I. N. Brewton, of Floresville, as been appointed county physician of his (Wilson) county, Texas.

Married.—At Ben Wheeler, Texas, July 5, 1893, Dr. D. L. Saunders to Miss Alice Gray, daughter of Dr. A. J. Gray, of Ben Wheeler.

Dr. J. D. Westervelt, jr., has removed from Corpus Christi to Alice, Texas, and engaged in general practice. We are pleased to learn that he is doing well.

Professor William Goodell has resigned the chair of gynecology at the University of Pennsylvania, and Dr. Charles B. Penrose has been elected to succeed him. Dr. Goodell becomes Professor Emeritus.

A Thoroughly Competent Druggist, twenty-eight years of age, married, desires a situation. Speaks Spanish and English, and has had ten years experience. Best testimonials as to character and habits and qualifications. Address "D," care this journal, Austin, Texas.

The following Southern medical schools graduated respectively this last spring: Medical Department of Tulane University, 93 men; Memphis Hospital Medical College, 90; Medical College of Alabama, 33; University of Tennessee, 14; University of Nashville and Vanderbilt University, 150; Medical College of Virginia, 25; Chattanooga Medical College, 30; University of Louisville, 189; University of Texas, 2.—*Ex.*

The American Medical Editors will have a meeting and banquet in Washington, on the evening of Monday, September 4th, the day preceding the assembling of the Pan-American Medical Congress. Dr. I. N. Love, of the *Medical Mirror*, St. Louis, is

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chairman of the Committee of Arrangements for Banquet. It is hoped that every medical editor will be present on the occasion. Address chairman of the Committee of Arrangements.

Pharmacy has been added to the curriculum of the Medical Department of the University of Texas by the Regents, and the appointment of a professor is now in order. We are not advised of the number of applicants for the chair,—presume there are several,—but the JOURNAL wants to suggest that Dr. James Kennedy, of San Antonio, could fill the position with distinguished ability, with honor to himself and credit to the State. We should like to see him appointed.

Wanted:—The address of the defunct concern recently known as the Robinson-Baker Advertising Bureau, lately doing business as alleged, at No. 107 Times building (or Pulitzer building) sixth floor, New York. Our draft for a small amount due for advertising a reputable firm which somehow came through this concern, came back unpaid, and endorsed "No such parties at address given." The firm wrote us that they paid Mr. R. B. Bureau the money for their ad. in this JOURNAL. Bill for sale at discount.

The legislature of Pennsylvania has passed an act establishing a medical council and three boards of medical examiners—a regular, a homeopathic, and an eclectic. Members of the boards are appointed by the Governor of the State, from lists furnished by each of the State Medical Associations, and each board will examine the candidates of its own school. After July 1, 1895, applicants must have studied medicine for at least four years. The different boards will be under the control of the medical council.—*Ex.*

To the **Physicians of Texas.**—Prof. Allen J. Smith, M. D., Professor of Pathology in the Medical Department of the University of Texas at Galveston, is investigating the nature and cause of *hemorrhagic malarial fever*, and is very desirous of extended opportunity to study it clinically. Prof. Smith desires the JOURNAL to say that he would be pleased to go any reasonrble distance from Galveston upon invitation of the attending physician, to examine any number of such cases, *provided* no *quinine* or other anti-malarial medication has as yet been employed in the case. This proviso is made to insure his seeing the true pathology of the disease, unmodified by drug action.—EDITOR.

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How is this for an epitaph, which is said to be on a tombstone in a cemetery in Lincolnshire, England:

"Here lies the body of Johnny dear,
Snatched away by the diarrhœa."—*Ex.*

There is nothing whatever the matter with that epitaph; it places the blame of the "snatching" to the proper cause. But the following, taken from a tombstone in a burying-ground at Hoosic Falls, New York, is simply harrowing to a medical as well as to a poetic mind:

"Her body dissected by fiendish men,
Her bones anatomized;
Her soul we trust has risen to God,
Where no physicians rise."

Surgical Instruments.—A recent number of Meyer Bros. & Co.'s St. Louis *Drug Magazine* states that the Fort Worth Pharmacy Company, of Fort Worth, carries the largest stock of Surgical Instruments and mechanical curative devices in the Southwest. We are personally acquainted with these people and have a correct knowledge of their stock, fully endorse the above, and will further say, their prices we know to be as low as any of the Eastern houses, and that they are now giving good satisfaction to five hundred Texas doctors whom they number as their patrons. A year ago we asked the profession to aid us in building up this house—a home institution—where orders could be promptly filled and delivered. We have now to say that satisfactory results are being obtained. The Fort Worth Pharmacy Company are also agents for three manufactories of electric Batteries and two manufactories of Physicians' Chairs. Write to them for what you may want.

The New Surgeon-General.—The appointment by the President, of Dr. Geo. M. Sternberg to the position of Surgeon-General, U. S. A., meets with almost universal endorsement. It reflects credit on the President in that this is the very first instance, so far as we know, where the appointment has been made in recognition of any other claims than party fealty and party service. Dr. Sternberg labored for years in searching for the true cause of yellow fever and cholera, exposing his life in torrid climes; and in rendering this valuable service to the profession and the world he has justly earned unperishable fame. As said, he is the only man appointed Surgeon-General of the U. S. army of whom it can be said that he had distinguished himself

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in the cause of science. It looks a little unjust however to appoint any one to this position over the heads of those in line of promotion and who have served long years in expectation of it.

Died.—Mr. James A. Gibson, of Richmond, Fort Bend county, Texas, died on June 12, 1893, from tubercular meningitis. Mr. Gibson was a member of the first class to enter the full course in the medical department of the University of Texas at Galveston. He was a brilliant student, and highly appreciated by his fellow-students and teachers. The class of '93 passed the following resolutions of respect to his memory:

WHEREAS, It has seemed right—the wisdom of Providence, that our beloved and respected class-mate, James A. Gibson, should be called from our midst to the life which is hereafter and forever, be it

Resolved, That we thus publicly attest our appreciation of his firmness as a friend, his worth as a scholar, and his honor as a man; and that in respect to his memory there shall be draped for one month after the opening of the session a chair in each of the lecture rooms, and that the class shall for the same period wear crape in some suitable manner.

Book Notices.

DISEASES OF THE NERVOUS SYSTEM. A Text-book for Physicians and Students. By Ludwig Hirt, M. D., Professor at the University at Breslau. Translated, with permission of the author, by August Hoch, M. D., assisted by Frank R. Smith, A. M. (Cantab.), with an introduction by William Osler, M. D., F. R. C. P. pp. 683, with 178 illustrations. New York: D. Appleton & Co. 1893.

This work, known for several years in its original tongue, and received with favor by the profession as a disquisition upon diseases of the nervous system, comes to us in an excellent translation, as a competitor for appreciation as a text-book. Several features are notable, aside from the body of the text. The author prefaces each subject with a brief resume of the anatomical relations and the physiology of the portion of the nervous system discussed, assuming, wisely, it must be said, that such reviews will not be unacceptable to the majority of his readers. This feature might, in fact, be somewhat more elaborate without marring either the excellence of the work or the

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appearance of its pages; and the illustrations upon the anatoym of the parts described might with reason be made more comprehensive and comprehensible, if the work is to be thought of as a text-book for students. The arrangement of the subject matter is more or less novel. The author divides the book into three sections. In the first he discusses the diseases of the membranes of the brain, of the cranial nerves and of the brain proper. In the second section he takes up, in a similar manner, the diseases of the membranes of the cord, of the spinal nerves and of the cord proper. In the third section are discussed diseases of the general nervous system, first, functional, and second, organic. In the first of the latter divisions are grouped those functional nervous affections which are more or less localized in their implication of the system, as chorea, tetany, and paralysis agitans; in the second such as are more wide-spread in involvement of the body, as epilepsy, hysteria, and similar maladies. The organic diseases of the general nervous system are treated, multiple sclerosis, tabes dorsalis, paralytic dementia, and syphilis. In this arrangement there is, in every case, some excellent argument for deviation from the usual order; but one is forced to question whether it is a proper thing to deal in a text-book for students with locomotor ataxia as a disease of the general nervous system, and lose the value of emphasis of its spinal involvement, which is gained by the older classification. Exophthalmic goitre is placed where it probably belongs, among the diseases of the cranial (vagus) nerves; tetany, which has been produced as the result of infection, as, too, chorea, is placed among the functional diseases with more or less localized involvement of the general system.

The author, as is the case with most of his countrymen, is mindful of the minútiæ, sometimes to a degree which for a student might become embarrassing when compared with the slight attempts at emphasis of some of the more important points. Moreover, there are some few inaccuracies to be charged to the author.

One thing for which, perhaps, above all, the writer is to be applauded, is his position as to treatment. He states freely, where it is necessary, that little may be expected from treatment by medication, and he does not lead his reader a long chase through the pharmacopœa for remedies which are of no real value. One cannot but be charmed by the frankness and appreciation shown the intelligence of his readers. A. J. S.

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A TEXT-BOOK ON THE THEORY AND PRACTICE OF MEDICINE BY AMERICAN TEACHERS. Edited by William Pepper, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and Clinical Medicine in the University of Pennsylvania. In two royal octavo volumes, of about 1000 pages each. For sale by subscription only. Price, per volume, cloth, $5; sheep, $6; half Russia, $7. W. B. Saunders, publisher, 913 Walnut Street, Philadelphia, Pa.

Volume I of this magnificent work is now before us, and after reading it over carefully we do not hesitate to say that it is one of the best, if not *the* best work on the theory and practice of medicine in the English language.

When the enterprising publisher, W. B. Saunders, announced some months since, the early appearance of this work, to be edited by Dr. Pepper, with the assistance of a number of America's greatest teachers, the profession at large naturally expected a work without a superior, and in this expectation they will not be disappointed. Each author has selected the subject in which he is most interested, and to which he has devoted the most study, time and attention; and all of the authors being teachers, they know how to present these subjects to their readers in a form the most impressive and most easy of comprehension. Each article is an exhaustive treatise, giving the latest facts as regards the causation, symptomatology, diagnosis, prognosis and treatment. The opening chapter is by Dr. John S. Billings, on the subject of hygiene. No one in this country is better qualified than Dr. Billings to give instructions on this subject; and under the sub-headings of Predisposing Causes of Disease, Mental Causes of Disease, Micro-organisms, Immunity, Disinfection, Isolation, Food, Exercise, Clothing and Bedding, Occupation, Habitation, Water Supply, Sewage Disposal, House Sewerage, Ventilation, Disposal of the Dead and Sanitary Jurisprudence, the principal facts connected with the subject are brought out and fully elucidated. Dr. Pepper furnishes an article on each of the following subjects: Ephemeral fever and simple continued fever, typhoid fever, typhus fever, relapsing fever, cerebro-spinal fever, influenza, dengue, milliary fever, milk sickness, mountain fever, septicæmia and pyaemia, and leprosy.

Dr. James T. Whittaker writes on the subjects of scarlatina, measles, rubeola, small-pox, mumps, whooping-cough, tetanus, actinomscosis, anthrax, hydrophobia, trichinosis, glanders, and foot-and-mouth disease.

By Dr. W. Gilman Thompson: Acute miliary tuberculosis,

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MILK OF MAGNESIA.

A PURE HYDRATED OXIDE OF MAGNESIUM.—(MgH_2O_2.)

ANTACID.

Practically Magnesia in permanent solution—not mechanically suspended—Miscible with other fluids—A mild and pleasant laxative—Free from carbonic acid, and in a form easy of administration and absorption. No danger from concretions as with the calcined. It combines well with Syr. Rhubarb, Soda, Opium, the vegetable astringents, etc., and will be found superior to bulky Lime water and Chalk mixtures for addition to milk.

Especially applicable to disturbances of the gastro-intestinal tract in infant, child and adult life. Neutralizes the acrid acid secretions of diseased mucous surfaces. Indicated also in the Gouty and Rheumatic diathesis in combination with Salicylate of Soda, rendering the latter more efficient and less irritating to the stomach.

PHOSPHO-MURIATE OF QUININE,

COMPOUND.

A RELIABLE ALTERATO-CONSTRUCTIVE,

Particularly applicable to conditions of **mal-nutrition.**

A reliable **tonic** in **convalescence** from the exanthemata, and of obvious indication in those cases whose deficiency of the Phosphates results in **glandular enlargements, scrofulosis, imperfect bone formation,** or **impairment of the central nervous system.** An easily appropriated and stable combination of the Soluble **Wheat Phosphates** with **Muriate** of **Quinine, Iron** and **Strychnia.**

Of greater strength than the various Hypophosphite compounds.

The above Preparations are put up in Dispensing and Trade Containers.

DIGESTIBLE COCOA.
WHEAT PHOSPHATES.
COD LIVER OIL EMUL.

The Chas. H. Phillips Chemical Co.,
77 PINE STREET, NEW YORK.

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"I'll Give My Reasons."

—Coriolanus.

1st.—Because of its Palatability, which certainly is an element to be considered when dealing with children. 2nd.—Because it is completely Peptonized and requires little or no digestive effort. 3d.—Because it possesses a genuine Peptogenic effect. 4th.—Because it is slightly stimulating and thus combats prostration. 5th.—Because it is concentrated and nutritious. 6th.—Because it is absolutely aseptic and will not cause intestinal sepsis. Are these reasons not enough why LIQUID PEPTONOIDS possesses all the essential attributes of a suitable food for children suffering from Gastro-enteritis?

The Arlington Chemical Co.,
YONKERS, N. Y.

Send 2c. stamp for handsome 5-paneled Screen, a water colored version of "The Five Senses."

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scrofula, syphilis, diphtheria, erysipelas, malarial fevers, cholera, and yellow fever.

By Dr. H. C. Wood: General symptomatology of diseases of the nervous system, mental diseases, functional nervous diseases, syphilis of the nervous system, organic diseases of the spinal cord and its membranes.

By Dr. Wm. Osler: Organic diseases of the brain, diseases of the nerves, diseases of the muscles, vaso-motor and trophic disorders.

To undertake to compliment any one of these articles, would be doing an injustice to all the rest. They are all deserving of the highest praise and commendation.

The mechanical execution of the book is excellent, and it contains numerous wood cuts and colored plate illustrations to elucidate the text whenever necessary. We predict a large sale for the work, as no progressive physician can afford to be without it.

H.

LESSONS IN PHYSICAL DIAGNOSIS. By Alfred L. Loomis, M. D., LL. D., Professor of the Practice of Medicine and Pathology in the University of the city of New York. Tenth edition, revised and enlarged. Octavo. Illustrations, some in color. 240 pages, extra muslin, price $3.00. New York. William Wood & Company.

Loomis' Physical Diagnosis has been a standard work for many years, and this, the tenth edition, is larger and better than any former edition. The chapters on the heart and the urine have been rewritten, and much that is valuable to the student has been added. The author has added a chapter on clinical microscopy, beautifully illustrated with colored plates, which increases the value of the work very much. This book is so well and so favorably known that praise of it would be superfluous. It is a necessity to all physicians and medical students. The paper and mechanical work are fully up to the standard, and deserve especial commendation.

H.

Publishers' Notes.

Henry's Tri-Iodides is approved by the most eminent clinicians, as a most reliable formula in gouty rheumatic and lithæmic conditions.

We request the attention of our readers to Messrs. John Wyeth & Bro.'s advertisement, in this issue, relating to their Efferves-

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cent Lithia Tablets, Ophthalmic Discs, Beef Juice, Liquid Extract of Malt, etc.

Dr. T. V. Fitzpatrick, Secretary Cincinnati College of Medicine and Surgery has an announcement in this issue of the next session of the college, which please see and write for catalogue for more extended information. The College offers superior inducements to students, and has many graduates now practicing in Texas, distinguished.

And Michigan salutes the Lone Star State and puts in her bid for a part of her patronage. The advertisement of the Michigan College of Medicine and Surgery, at Detroit, will be found in this issue. Dr. Hal C. Wyman, the Dean, who is known to fame as a medical teacher and writer, will be pleased to correspond with any Texas physician who has a student in whom he feels interested, or with any student desiring to matriculate, and will explain to him of what the especial advantages consist that are offered by a course in Detroit. In writing, please mention the JOURNAL.

Texas furnishes grist to many mills. She sends out about five hundred medical students annually, and they are divided unequally among about thirty colleges. All the colleges, nearly, get some of them, and all want a part of the patronage. Among our long list of colleges advertised will be found this month the announcement of the Medical Department, University of Colorado, at Denver. Attention is asked to it. Everybody wants to go to Colorado, and we cannot imagine a more delightful place to study medicine than Denver. The West is treading fast upon the heels of the "effete East" in the matter of medical teaching, and the tide is turning, somewhat. Write to D. McLauthlin, Dean, for catalogue.

Father Davis, whom all liberal minded medical man and students love, will deliver the opening address to the students upon the formal opening of the 35th annual session of the Northwestern University Medical School (Chicago Medical College), Chicago, in its new building, as he did thirty-four years ago, at the birth of that institution. The faculty have made a change in the surgical department, and a big acquisition in having secured the famous Surgeon Christian Fenger, who resigns from the P. & S., to accept an appointment in Mercy hospital, connected with the college. Mercy hospital has had additions made, which double its capacity. It will be remembered that the Chicago Medical College was the first college to offer a graded course, and one of the first to enter the four-year-class. There will be many advantages in matriculating in this college—students will hear famous lecturers this fall. Write to Dr. Elbert Wing, 55 Thirty-third street, Chicago, for literature giving further information. Mention the JOURNAL.

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PANCREATIN
RESTRICTED AS TO
Place.
Time.
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Combination.

Papoid ACTS
In Every Place.
All the Time.
In Any Medium.
On Every Substance.
In All Combinations.

THE PAPOID COMPANY,
92 William Street, New York.

JOHNSON & JOHNSON,
Selling Agents.

A Vitalizing Tonic for the Reproductive System.

SANMETTO
—FOR—
GENITO-URINARY DISEASES.

☞A Scientific Blending of True Santal and Saw Palmetto in a Pleasant and Aromatic Vehicle.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility,
Difficult Micturition—Urethral Inflammation,
Ovarian Pains—Irritable Bladder.

POSITIVE MERIT as a REBUILDER.

DOSE:—One teaspoonful four times a day.

OD CHEM. CO., NEW YORK.

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Effervescent
LITHIA
TABLETS

A RELIABLE AND CERTAIN CURE FOR ALL KIDNEY AND RHEUMATIC AFFECTIONS.

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Each Tablet contains 2 grains Citrate Lithia.

In use over 70 years.

—o—

One Tablet dissolved in a glass of pure water makes a Lithia Water which is stronger, and superior to so-called Natural Lithia Water.

SENT BY MAIL,

2 oz. glass pkge, containing 40 Tablets, .50
4 oz. " " " 80 " $1.00

New York and London Chemical Co.,

SOLE AGENTS FOR U. S.,

64 to 68 Broad Street, *NEW YORK.*

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"A Triumph for the Marion-Sims Medical College."—The *St. Louis Republic* of April 9, 1893, said:

"The annual examination of medical college graduates by the Board of Health for positions in the City and Female Hospitals, held last Wednesday, was of more than usual interest this year, owing to the number of graduates competing and the rivalry that exists between the several medical colleges. * * * Each of the colleges had several applicants, numbering, of course, the flower of their graduating class, as the honor and standing of the college is more or less at stake in such examinations, and it is also the ambition of all graduates to have the honor as well as benefit of being assistant hospital physicians. The examination was one of the most critical ever held by the Board, lasting for several hours. It resulted in a great triumph for the Marion-Sims College, as five out of the eleven students who passed the examination and received appointments were credited to that college."

"The five Marion-Sims graduates were at once assigned as junior assistant physicians to hospitals." See announcement of next session, in our advertising pages, and write to Dr. T. B. Taylor, Secretary, for a catalogue, mentioning this notice. This is the school with which Dr. I. N. Love is connected, a popular favorite with Texas boys.

University Medical College, Kansas City, Mo.—And still they come; tally twenty-seven medical college advertisements in this issue. See Dr. G. W. Davis' half page announcement of the thirteenth annual session of the University Medical College of Kansas City. This is essentially a clinical college, especial attention being given to having each and every student familiarize himself at the bedside with the diseases met with in the South, and learn to make a diagnosis. Abundance of opportunity is thus afforded, and the class is never too large to give every student personal instruction. Students are given obstetrical cases the second and third years. There are twenty-nine teachers, numbering amongst them some very eminent and distinguished clinicians and practitioners—Tiffany, Jackson, Lanphear, Davis, Hereford, Berger, etc. The college building is one of the most complete and convenient in the South, additions having been made which more than double its capacity. The ambition of the Faculty is that the school shall be known not so much on account of the large number of graduates turned out, but for the excellence and thoroughness of instruction given,—the broad and scientific training given each matriculate. Write for catalogue.

Great is Texas.—Texas has made munificent preparation for educating her children's children "unto the third and fourth generation." She has beyond doubt the most magnificent school fund of any State, it amounting in round numbers to over one hundred million dollars. It consists largely of lands, however,

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which, while they are valuable and have enhanced and will continue to enhance in value, cannot be realized on at will. Much of the available school fund is derived from the rent of these lands. Hence her ability to give free education to her sons. She has a magnificent university, complete in every department, splendidly officered, and in full and successful operation. There is no charge for instruction except a matriculation fee, and that is nominal.

Upon the inauguration of her Medical Department three years ago it was thought best to not include a medical education in the list of her beneficiaries, and the fees for the first two years were fixed at about the figure charged by other first class medical colleges. There is so much competition however amongst the medical colleges for patronage, that it was found after two years trial that the Texas college could not, even with its many advantages—able teachers, thorough instruction and high grade requirements, successfully compete with them even for her own students, nearly five hundred annually; and after long and mature consideration of the problem, it was decided by the Regents to put the medical department upon the same footing with other departments; to give a medical education practically free of charge. See announcement.

Dr. Cyrus Edson, of New York, in a paper published in *The Doctor of Hygiene* (April, 1893) says of "Peroxide of Hydrogen in Contagious Diseases":

"It is not my purpose in this short article to laud the merits of hydrogen peroxide in the treatment of diphtheria or of scarlatinal angina, for in the cure of these diseases the remedy in question has no equal. Its efficacy cannot be justly questioned.

"Other more competent observers than I have called attention to the wonderful effect of this agent in the treatment of ulcers, and ulcerating surfaces. The splendid results obtained by numerous distinguished physicians and surgeons through the use of hydrogen peroxide in various diseases is well known to the profession.

"I desire, however, to emphasize in a few words the fact that we have in $H_2 O_2$ a powerful antiseptic agent which may be administered without harm to the human system, and by which the alimentary canal can be more thoroughly disinfected than by any other agent in our present range of therapeutics. In other words, there is no other antiseptic that will effect the amount of germ destruction in the alimentary canal without inflicting injury.

"This is true for two reasons:

"First, hydrogen peroxide has no toxic properties and consequently may be administered in larger amounts than can the toxic antiseptics.

"Second, hydrogen peroxide ranks higher as a bactericide than does any other non-toxic agent, and indeed do most of the toxic ones.

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TAKE NO CHANCES

YOU WILL SAVE

Many dollars and much future trouble if you correspond with us before purchasing Electrical Goods, as we have had twenty years' experience in the manufacture of Electro-Therapeutical Apparatus, and *guarantee all our goods as represented.*

Our large Illustrated Catalogue containing 200 pages and 377 illustrations will be sent to physicians on application.

WRITE FOR ONE.

McIntosh Battery & Optical Co.

141-143 WABASH AVENUE, CHICAGO.

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"The elaborate reports made by such men as Paul Bert and Regniard, Baldy, Gibier, Pean and Larrive prove these two facts as conclusively as can be proven.

"It logically follows that we have in hydrogen peroxide a curative agent from the use of which we may expect good results in cases of disease arising from germ infection of the stomach and bowels.

"In this connection, one fact must be borne in mind, peroxide of hydrogen decomposes rapidly in the presence of organic compounds. We must consequently administer the drug rather freely in order to produce the best effects, and on this account also, free irrigation of the lower intestines as devised and recommended by Dr. Elmer Lee, of Chicago (*Medical Record*, Dec. 17, 1892), is adapted to effect the greatest good."

SPECIAL RAILROAD RATES FOR THE FIRST PAN-AMERICAN MEDICAL CONGRESS TO BE HELD AT WASHINGTON, D. C., SEPTEMBER 5th to 8th INCLUSIVE.

The CHESAPEAKE & OHIO RY., from Cincinnati or Louisville to Washington, D. C., is the quickest, most comfortable and interesting line between those cities. Their trains are vestibuled throughout, lighted by electricity, and carry the latest pattern of through first class coaches, dining cars and sleepers.

The scenery along the Upper Ohio and Kanawha rivers, through the gorges and canyons of the New River, among the peaks and valleys of the Blue Ridge and Alleghany ranges, and over the fertile plains and historic battle fields of Virginia, constitutes a kaleidoscopic panorama that for variety, beauty, grandeur and historic interest is unequaled in this country.

The rates of fare will be the same by all of the lines, and while they have not yet been agreed upon, they will positively not be more than one and one-third fare for the round trip. The one way rates are as follows viz: from St. Louis $19.25, Chicago $17.50, Cincinnati $14.00, Indianapolis $16.00, Louisville $16.00.

Tickets will be sold at those places September 1st to 4th inclusive, good to return leaving Washington as late at September 12th. Ask for your tickets "via the Chesapeake & Ohio railroad."

If you will advise me of the day you will leave any of the places named, and whether in the morning or evening, and how many berths you will want, I will reserve them through to Washington for you.

Write for a copy of "Virginia in black and white."

E. P. POPE,
Western Passenger Agent, St. Louis Mo.

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The only prominent Emulsion of Cod-Liver Oil introduced directly to the medical profession. It is advertised exclusively in medical journals.

HYDROLEINE.

(HYDRATED OIL.)

Produces rapid increase in Flesh and Strength.

FORMULA.—Each Dose contains:	
Pure Cod Liver Oil..80 m. (drops)	Soda.....1-5 Grains.
Distilled Water....35 "	Salicylic Acid ..1-4 "
Soluble Pancreatin, 5 Grains.	

Recommended and Prescribed by EMINENT PHYSICIANS Everywhere. It is pleasant to the Taste and acceptable to the most delicate Stomach.

IT IS ECONOMICAL IN USE AND CERTAIN IN RESULTS.

HYDROLEINE (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhuæ, but a hydro-pancreated preparation, containing acids and a small percentage of soda. Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, readily converts the oleaginous material into assimilable matter, a change so necessary to the reparative process in all wasting diseases.

Lautenbach's Researches on the functions of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by re-absorption of morbid tubercular detritus and purulent matters into the general circulation.

In Wasting Diseases the most prominent symptom is ***emaciation,*** the result of starvation of the fatty tissues of the body as well as the brain and nerves This tendency to emaciation and loss of weight is arrested by the regular use of ***Hydroleine,*** which may be discontinued when the usual average weight has been permanently regained.

The following are some of the diseases in which **HYDROLEINE** is indicated:

Phthisis, Tuberculosis, Bronchitis, Catarrh, Cough,

Scrofula, Chlorosis, General Debility, etc.

To Brain Workers of all classes, ***Hydroleine*** is invaluable, supplying as it does, the true brain-food, and being more easily assimilated by the digestive organs than any other emulsion.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H C. BARTLETT, Ph D, F C S, and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

COPIES OF THESE WORKS SENT FREE ON APPLICATION.

Sold by all Druggists at $1.00 per Bottle.

C. N. CRITTENTON,

SOLE AGENT FOR THE UNITED STATES. 115 FULTON STREET, N. Y.

A Sample of Hydroleine will be sent free upon application, to any physician (enclosing business card) in the U. S.

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School of Medicine,

THIRD SESSION, 1893-94.

SCHOOL of PHARMACY,

FIRST SESSION, 1893-94.

Medical Department, University of Texas,

GALVESTON, TEXAS.

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THE NEXT SESSION WILL OPEN OCTOBER 1ST, and continue SEVEN MONTHS. Graded Curriculum. Three Courses of Lectures required for School of Medicine. Two Courses required for School of Pharmacy. Completely equipped Laboratories. Dissecting material abundant and free. AMPLE CLINICAL FACILITIES, the John Sealy Hospital belonging to the Medical College and under the supervision of the Faculty.

Matriculation fee of $30 for the three years Course of Lectures. No additional charge, except in laboratory and anatomical fees of $5 each for the year in which taken.

The instructions in all Departments are thorough and complete.

For copy of announcement and further information, address

J. F. Y. PAINE, M. D., Dean of the Faculty,
GALVESTON, TEXAS.

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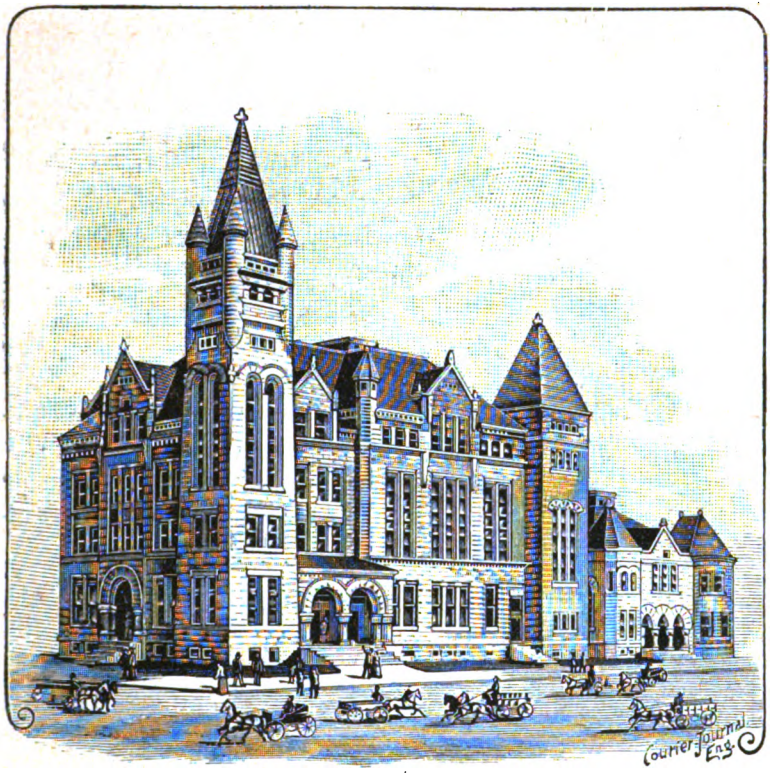
LOUISVILLE MEDICAL COLLEGE.

The next Session will begin Sept. 11th, 1893, and terminate the first week in March 1894.



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J. A. IRELAND, M. D., Professor of Gynecology. Dean. 819 East Madison Street.

L. D. KASTENBINE, A. M. M. D., Professor of Chemistry. Urinology, and Medical Jurisprudence. 805 West Broadway.

W. H. GALT, M. D., Professor of Principles and Practice of Medicine and Hygiene. 1207 Brook St.

JAMES M. HOLLOWAY, M. D., Professor of Clinical and Operative Surgery. 408 West Chestnut Street.

SAM COCHRAN, M. D., Professor of Physiology. 2108 West Walnut Street.

GEO. M. WARNER, M. D., Professor of Materia Medica and Therapeutics. Secretary. 620 East Market Street.

A. MORGAN CARTLEDGE, M. D., Professor of Principles and Practice of Surgery and Clinical Surgery. 100 East Jacob St.

H. B. RITTER, M. D., Professor of Obstetrics. 1501 West Jefferson Street.

WM. CHEATHAM, M D., Professor of Ophthalmology Otology, and Laryngology. 803 West Chestnut Street.

WM. C. DUGAN, M. D., Professor of Clinical and Operative Surgery. 206 E. Chestnut Street.

DEMONSTRATORS.

WILLIAM C. DUGAN, M. D., Anatomy. 206 East Chestnut Street.

W. F. BOGGESS, M. D., Principles and Practice of Medicine, 1805 West Jefferson St.

AUGUST SCHACHNER, M. D., Chemistry, Second and Green Streets.

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WILLIAM VISSMAN, M. D., Bacteriology and Microscopy, Second and Chestnut St.

JAMES B. STEEDMAN, M. D., Obstetrics and Gynæcology, 558 Second Street.

A. O. PFINGST, M. D., Gynæcology, Hancock and Chestnut Streets.

CURRAN POPE, M. D., Diseases of Mind and Nervous System, Southwest Cor. 1st and Chestnut Street.

S. W. HOLLOWAY, M. D., Clinical Surgery, 504 West Chestnut Street.

THE NEW COLLEGE BUILDING

The new building will be occupied during the coming session, and it is conceded that no finer nor more thoroughly equipped medical college exists in this country. Nothing has been left undone that a long experience teaches would facilitate the study of Medicine and Surgery.

Spacious opera chairs have been provided for the accommodation of 600 students in the main amphitheater. For full information concerning the College, address,

DR. GEO. M. WARNER, Sec'y,
620 East Market St., LOUISVILLE, Ky.

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MEDICAL DEPARTMENTS

OF THE

University of Nashville and of Vanderbilt University.

WILLIAM H. PAYNE, LL.D., Chancellor of the University of Nashville.

LANDON C. GARLAND, LL.D., Chancellor of Vanderbilt University.

FACULTY.

WILLIAM T. BRIGGS, M. D. (*Dean of the University of Nashville*), Professor of Surgery.

THOMAS L. MADDIN, M. D., Professor of Principles of Medicine and General Pathology.

WILLIAM L. NICHOL, M. D., Professor of Practice of Medicine and Clinical Medicine.

JOHN H. CALLENDER, M. D., PH. D., (*President of the Faculty*), Professor of Physiology and Psychology.

THOMAS MENEES, M. D., (*Dean of Vanderbilt University*), Professor of Obstetrics.

JAMES M. SAFFORD, PH. D., M. D., Professor of Chemistry.

THOMAS A. ATCHISON, M. D., Emeritus Professor of State Medicine.

CHARLES S. BRIGGS, M. D., Professor of Surgical Anatomy and Operative Surgery.

ORVILLE H. MENEES, M. D., Professor of Anatomy and Histology.

G. C. SAVAGE, M. D. (*Auditor*), Professor of the Diseases of the Eye and Ear.

WILLIAM G. EWING, M. D., (*Secretary and Treasurer*), Professor of Materia Medica and Therapeutics.

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CLIFTON R. ATCHISON, M. D., Professor of Dermatology and Venereal Diseases.

AMBROSE MORRISON, M. D., Lecturer on Experimental Physiology and Assistant to Chair of Physiology.

SYDNEY S. CROCKETT, M. D., Demonstrator of Anatomy and Assistant to Chair of Anatomy.

LARKIN SMITH, M. D., Demonstrator of Histology and Microscopy and Assistant to Chair of Practice.

SAMUEL S. BRIGGS, M. D., Demonsrator of Operative Surgery and Assistant to Chair of Surgery.

GEORGE W SEAY, M. D., Assistant Demonstrator of Anatomy.

AARON L. PURINGTON, M. D., Demonstrator of Chemistry and Assistant to Chair of Chemistry.

JOHN M. BASS, M. D., Assistant Demonstrator of Anatomy.

THE Regular Course of Instruction in the Medical Department of the University of Nashville and Vanderbilt University will commence on Monday the 2nd day of October next, and end on the first Thursday in April, 1894, which is Commencement Day.

The Preliminary Course of Instruction will begin on Monday, the 4th day of September, and will be free to all who matriculate for the Regular Course.

The Anatomical Rooms and the Laboratories will be open at the same time. Material for dissection will be promptly supplied.

All communications asking for information should be addressed to

W. G. EWING, M. D., Secretary,

504 CHURCH STREET, NASHVILLE, TENNESSEE.

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Memphis Hospital Medical College,

MEMPHIS, TENN.

FACULTY.

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A. G. SINGLAIR, M. D., Professor of Diseases of the Eye, Ear and Throat.
W. B. ROGERS, M. D., Professor of Principles and Practice of Surgery, and Clinical Surgery.
R. B. MAURY, M. D., Professor of Diseases of Women.
ALEXANDER ERSKINE, M. D., Professor of Obstetrics and Diseases of Children.
T. J. CROFFORD, M. D., Professor of Physiology, and Gynecologist to St. Joseph's Hospital.
B. C. HENNING, M. D., Professor of Materia Medica and Therapeutics, Clinical Professor of Diseases of the Rectum.
S. A. ROGERS, M. D., Professor of Anatomy.
D. D. SAUNDERS, M. D., Professor of Clinical Medicine, Physical Diagnosis and Diseases of the Chest.
B. FRANK TURNER, M. D., Professor of Chemistry, Pharmacy, Toxicology and Forensic Medicine.

H. L. WILLIFORD, M. D., Assistant to the Chair of Materia Medica and Therapeutics.
WILLIAM KRAUSS, M. D., Demonstrator of Pathology.
K. E. FRANCIS, M. D., Demonstrator of Anatomy, and Assistant to the Chair of Anatomy.
A. B. HOLDER, M. D., Assistant to the Chair of the Principles and Practice of Surgery and Clinical Surgery.
J. L. MINOR, M. D., Assistant to the Chair of Diseases of Eye, Ear, and Throat.
W. W. TAYLOR, M. D., Assistant to the Chair of Obstetrics and Diseases of Children.
JOHN M. MAURY, M. D., Assistant to the Chair of Diseases of Women.
MATT DEPASS, M. D., Assistant to the Chair of Clinical Medicine, Physical Diagnosis and Diseases of the Chest.
J. C. TREHERNE, Ph. G., Demonstrator of Pharmacy; Assistant to the Chair of Chemistry, Pharmacy, Toxicology and Forensic Medicine.
W. H. HICKS, M. D., Assistant to the Chair of Principles and Practice of Medicine and Hygiene.
THOMAS HENDERSON, M. D., Assistant Demonstrator of Anatomy.
G. G. BUFORD, M. D., Assistant to the Chair of Physiology.

Each member of the Faculty occupies a part of his hour in reviewing the previous lecture, by quizzing the class; in addition to this, FREE quizzes are begun early in the Session on all branches taught in the school. This valuable method of impressing the lessons of each lecture indelibly upon the minds of students will be conducted by Special Instructors.

THE WINTER COURSE OF LECTURES

Will Beginn October 2nd, and Continue Six Months,

The College Building is immediately opposite the City Hospital, where

DAILY CLINICS WILL BE HELD,

And bedside instruction given. In addition to this, St. Joseph's Hospital and the College and City Dispensaries afford a

LARGE AMOUNT OF CLINICAL MATERIAL.

It can be safely asserted that for *Clinical Advantages*, Memphis is unsurpassed by any city in the southwest.

Laboratories, Library, Museum and Dissecting-Rooms are all well ventilated, and each fully supplied with the most modern appliances and and conveniences.

EXPENSES OF SCHOOL.

Dissecting Material	Free
Matriculation Fee	$ 5 00
Demonstrator's Ticket (taken twice only)	10 00
Professor's Ticket (full course)	50 00
Graduation Fee	30 00

Students may, after matriculating, attend any one or more of the courses of lectures, as they may elect, by paying $10.00 for each ticket. Graduates of other recognized Medical Colleges, are required to matriculate only.

For Catalogues and further information, address

F. L. SIM, M. D., Dean of the Faculty.
126 Hernando Street, MEMPHIS, TENN.

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MEDICAL DEPARTMENT

OF THE

TULANE UNIVERSITY OF LOUISIANA.

(Formerly 1847-1884 The University of Louisiana.)

Founded in 1834, this is the oldest Medical College in the Southwest, has 3030 graduates, and had at the last session 420 students.

The next session, the SIXTIETH, will begin Thursday, October the 19th, 1893, and will close Wednesday, April 18th, 1894.

The corps of teachers—Professors, Lecturers, Instructors, Demonstrators and Chiefs of Clinic—number more than thirty.

In October, 1893, the College will occupy a very large and commodious new building, which will provide all of the many requisites for modern medical education, including especially ample and well equipped Laboratories for Chemistry; for Pharmacy; for Practical Anatomy; for Microscopical Anatomy, Pathology, and Bacteriology; and working rooms for Practical Physiology, and for Gross Pathological Anatomy. These admirable Laboratories, now added to the unrivaled practical advantages for Clinical, Anatomical and Pathological studies given by the great Charity Hospital, will enable the Medical Department now to provide its Students with unsurpassed advantages for their medical education.

Special attention is called to the superior opportunities given for

CLINICAL INSTRUCTION.

The Professors of the Medical Department are given, by law, the use of the great Charity Hospital as a school of practical instruction, and medical students are admitted without payment of any hospital fees. The Charity Hospital contains seven hundred beds, the number of patients annually admitted exceed eight thousand and the number of visiting patients varies from twelve to fourteen thousand. Its advantages for practical study, and especially of the diseases of the South-West and of the negro race, are unequalled by any similar institution in this country. The Medical, Surgical and Obstetrical Wards are visited daily by the respective professors and instructors, and all students are expected to attend and to familiarize themselves *at the bedside of the patients*, with the diagnosis and treatment of all forms of diseases and injuries. The facilities for *genuine* clinical teaching are unsurpassed by those of any Medical College in the United States.

Students who have attended one session in a reputable medical college, prior to September 1st, 1893, may be graduated after two full courses and the payment of former fees; but all students who may attend their first course after September 1st, 1893, will be required to give evidence of educational qualification and to attend at least three annual sessions prior to graduation, as will also be required by all reputable Medical Colleges in the United States and will be charged as follows;

FEES FOR FIRST COURSE OF 1893-4, TAKING THREE FULL COURSES.

	1ST YEAR	2D YEAR	3D YEAR
Matriculation Fee	$ 5 00	$ 5 00	$ 5 00
Professors and Instructors	120 00	120 00	120 00
Laboratory of Practical Anatomy	10 00	10 00	.....
Chemical Laboratory	15 00	..	.....
Microscopical Laboratory	.....	15 00	.....
Operative Surgery	.....	.....	10 00
Diploma or Graduation Fee	..	..	30 00
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Preliminary Term will begin Monday, Sept. 4, 1893.

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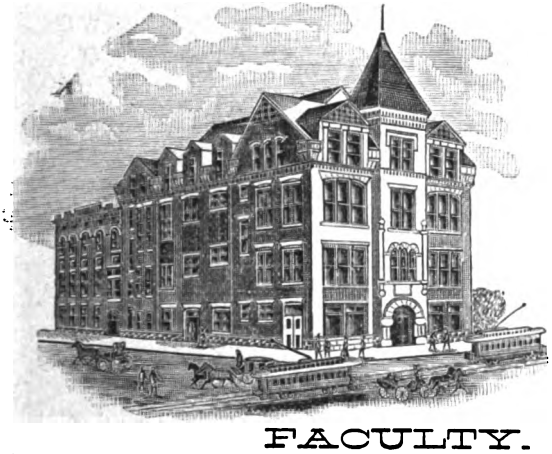

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For Texas Medical Journal.

ELECTRICITY IN MEDICINE.

BY SETH M. MORRIS, M. D., A. B.,
Professor of Chemistry, Texas Medical College.

THE ANCIENTS were aware of the fact that when amber was rubbed, it acquired the property of attracting certain light bodies, and that certain kinds of iron ore possessed the property of attracting pieces of metallic iron; and these two facts embraced all that was known, for about twenty centuries, of those two now so important branches of physical science—electricity and magnetism.

Gilbert, towards the end of the seventh century, showed that this property of amber was shared in by other substances, such as glass, sulphur and wax, and since that discovery the development of the subject has been very rapid, particularly during the present century.

Of course numerous theories of the nature of electricity have been proposed at all times, and since at first the only knowledge of electricity was confined to static phenomena, the first theories were designed to explain such phenomena, and these, the one and two fluid theories, did quite well.

That electricity is a mode of motion, there can be no doubt, and we must disabuse our minds of the notion that it is a fluid, a material something. It is a matter of daily experience with us all that mechanical motion can be converted into heat. To

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turn a grindstone requires the expenditure of a certain amount of energy. Press a metallic object against it, and the amount of energy required to keep up the motion is greater, and under certain conditions, a shower of sparks is given off, which shows a partial conversion of energy into heat. Imagine the condition to be different. Instead of a wheel of sandstone, we have a wheel of glass, and we press against it a pad of silk instead of a piece of metal; then instead of getting heat produced, we shall get electricity. The electricity in this case is no more a material something than was the heat produced in the former. Whenever electricity is produced, there must be an expenditure of an equivalent amount of some other form of energy elsewhere. In the frictional and induction electrical machines, it is the energy which serves to rotate the plates. In the dynamo, it is the latent energy of the coal burnt under the boiler, and in the voltaic cell, it is the energy resulting from the chemical affinity existing between the acid and the zinc. This form of energy can be developed in very many different ways—by friction, as mentioned; through induction, as in the Holtz machine and its modifications; through induction also in the dynamo; by chemical action; by the action of heat at the junction of certain metals soldered together—and according to the method adopted, we have to deal with the different kinds of electricity,—static or frictional, faradic, and galvanic.

It is not believed that there is any especial difference between these different kinds of electricity, but as their effects upon matter are very varied, more in degree than in kind, we are justified in discussing them under different headings.

STATIC ELECTRICITY.

This is often spoken of as frictional electricity, because it can be most simply produced by rubbing certain bodies together. Induction machines,—instruments in which the principle of induction is made use of to develop the electricity,—have, because of their much greater efficiency and convenience, almost entirely taken the place of the older frictional machines. This form of electricity, to be used therapeutically, requires a very elaborate and very extensive equipment of apparatus, which, if desired, can be made very showy, and perhaps this latter fact accounts more satisfactorily for the possession of such apparatus by some physicians than does the actual utility of it. The body is a conductor, and if a person is connected with such a machine

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the electricity immediately escapes through him into the ground, and to prevent this it is necessary to insulate the individual by placing him on a stool or table provided with ebonite or glass legs. Now, it can be very easily demonstrated that if a conducting body of any material whatever is insulated and charged from such a machine, the charge will distribute itself over the outer surface entirely, and not penetrate in the least into the interior. There is no reason whatever to think that anything different occurs when the human is so insulated and charged, instead of a metallic one, and naturally, then, we would not expect any organs or tissues which are below the surface of the body to be in any manner affected by the application of electricity in this way, and experiment seems to confirm this supposition.

If the finger be presented to the conductor of a machine, a spark will seem to pass, and a sharp, prickling sensation, very disagreeable to some persons, will be felt.

Static electricity can, then, be used as a surface irritant, but when such irritation is desired, it can usualy be better and more economically produced in other ways. Undoubtedly a very marked mental effect can be produced in many patients by the display and operation of such apparatus, and in many cases this is certainly justifiable, but on the whole I do not think that the value of the results obtained from static electricity is sufficiently great to justify the purchase of such apparatus by the physician.

FARADISM.

If two wires are placed side by side, near each other, but in no way connected, designated A and B, the former in connection with a galvanometer in a closed circuit and the other connected with a battery of cells with the circuit open, of course the galvanometer needle remains at rest. If, now, the circuit is closed in the wire B, it will be noticed that instantly the needle of the galvanometer is deflected, but after a few oscillations it returns to rest. A current has been produced at that instant in the wire A, but was momentary in duration, although the current continued to flow in the wire B. Now open the circuit in B, and the circuit is again deflected, but this time in the opposite direction, and again after a few oscillations it returns to rest. Another current has been produced in the wire A, again momentary in duration, but in the opposite direction. These facts were discovered by Faraday, in the year 1832, and instruments in-

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volving in their operation these principles are often called, for this reason, faradic instruments.

A faradic battery in its simplest form consists of a single cell, an induction coil, and a circuit breaker. The induction coil consists of two coils of wire wound on the same spool, thoroughly insulated from one another, the one coil, of larger and shorter wire, in connection with the cell through the circuit breaker, and the other, the smaller and longer wire, in connection with the electrodes, the whole thus forming a combination exactly analagous to the arrangement of wires mentioned above. If the electrodes be connected with only the cell of the instrument, and taken in the hands, very likely no sensation whatever will be the result. Connect together in series a number of such cells, grasp the electrodes, and very soon a burning sensation will be experienced. Break, and then make the circuit, and a sharp shock will be felt, accompanied with contractions of the muscles of the hands, or even of the arms and shoulders, according to the intensity of the current. If these makes and breaks are made very rapidly, between them the muscles have not time to relax, and a tetanic contraction results. But to produce these results, a number of cells are required.

Use a single cell connected with the primary wire of the induction coil, take in the hands the electrodes connected with the secondary coil, set in operation the circuit breaker, and instantly marked muscular contractions result. If the interruptions in the primary coil are very slow, in some respects the effects resemble those of the continuous, or galvanic current. The action of the primary current on the secondary wire is very much aided by placing in the interior of the spool a bundle of soft iron wires, which by being alternately magnetized and demagnetized produces in the secondary wire induced currents possessing the same direction as those produced by the primary curreut. As the induced currents are alternating, it is hardly practicable to measure the amount of current the patient may be receiving, and therefore the quantity used is judged of usually by the effects produced. Since with a single cell and an induction coil very marked muscular contractions can usually be easily obtained, in diseased conditions where one desires simply to produce such contractions, he would naturally use the faradic current, because of its utility and cheapness. If one of the electrodes of a faradic battery consist of a wire brush, and this be passed over the skin while the battery is in action, considerable irritation is produced;

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and this is of considerable value in the treatment of hysterical anæsthesia. The faradic current is preferred by many obstetricians to the galvanic for the destruction of the fœtus in cases of extra-uterine gestation. In using this current, it is of course a matter of indifference which electrode is applied to the diseased part, since the current changes its direction a great many times per second.

GALVANISM.

I wish to introduce this part of my subject by explanations of the terms volt, ohm and ampere. A galvanic circuit can in very many respects be compared to a water works system, the battery corresponding to the pump, the current of electricity to the water, and the wire to the pipes. We speak of a pump as possessing so much power, of pipes as presenting so much resistance to the flow of water, and of a given pump delivering through a given set of pipes a certain number of gallons of water per minute. In electrical parlance, the volt is the unit of electrical pumping power or of force tending to urge the current through the wire, the ohm the unit of resistance presented by the wire to the passage of the current, and the ampere the unit of the amount of current passing through the circuit. The volt (V) then is the unit of electromotive force, the ohm (R) of resistance and the ampere (A) of current. Their values are about as follows—an ordinary Daniell's cell possesses an E. of about one volt; a copper wire one mm. in diameter and 48.5 mm. long long offers a resistance of about one ohm. Through a circuit whose E. is one, and whose resistance is one, one ampere of current will flow. There is a definite relation existing between these three values, which is best expressed by Ohm's formula—$\frac{E}{R}=A$. If any two of these values are known a third can be easily deduced.

Although the general principles underlying the action of all cells are in general the same, the cells themselves differ considerably in detail from each other. If a piece of zinc and one of copper be immersed in dilute sulphuric acid, it will be noticed that the zinc is attacked by the acid, and that hydrogen gas is given off from its surface in bubbles. Attach wires to each of these metals and bring their ends together outside the liquid, and rather curious phenomena will be the result. The wire, if very small will be heated, and may be even melted or volatilized. If

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it is brought very near a magnetic needle free to move pointing north and south, the needle will be deflected; while if the wire be wrapped around a piece of iron or steel, the metal will be rendered magnetic; but perhaps the most curious thing of all to be noticed is that the hydrogen is no longer given off from the surface of the zinc, but is now evolved from the face of the copper. Nevertheless, the zinc continues to dissolve while the copper is unaffected. Separate the wires and the gas is again given off from the surface of the zinc as before. Bring the wires in contact, produce a deflection of the galvanometer needle by bringing the wire near it and let it remain, when it will be noticed that the needle gradually returns to its former position, showing that the current in the wire gradually lessens and finally ceases to flow. This can be due to the consumption of the zinc, the exhaustion of the acid, or to what is called polarization, and is in fact most generally to be ascribed to the latter condition. The current in passing around the circuit has of course to pass through the cell itself, through the liquid from plate to plate. The hydrogen evolved can be seen to adhere to the copper plate, and being a bad conductor of electricity prevents the free passage of the current from the liquid to the metal. Thus the current is weakened. The accumulation of hydrogen on the copper plate also, soon virtually opposes a plate of hydrogen to the zinc, instead of copper, and this tends to send the current in the opposite direction, thus further weakening the current. To keep our cell in action then till either the acid or zinc is exhausted, it is necessary to get rid of this hydrogen, and that can be done either mechanically as in the Smee cell, or chemically as is done in the majority of cells in common use. In the bichromate cell, the potassium bichromate takes up the H. as fast as it is liberated at the copper plate, itself undergoing conversion into potassium and cromium sulphates, while in the Daniell cell the cupric sulphate is the depolarizing agent, taking up the H. with the formation of sulphuric and metallic copper, the latter depositing on the copper plate. In the Leclanche cell, the negative plate is made usually of a mixture of manganese di-oxide and powdered carbon, the former being the depolarizing agent. In the Grove cell and its modifications, the depolarizidg agent is nitric acid, which is contained in a porous vessel separating it from the sulphuric acid or exciting agent. The nitric acid takes up the H. as fast as it is liberated on the platinum or carbon plate, itself being usually reduced to nitric oxide

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and water. The silver chloride cell consists of a small cup or cylinder, containing chloride of silver together with a solution of either ammonium or sodium chloride, and having imbedded in the former a piece of silver wire. A cork carrying a zinc wire dipping into the fluid closes the opening of the tube or cup. The H. acts upon the silver chloride producing hydrochloric acid and metallic silver, the latter depositing upon the silver wire. In all these cells it is best to amalgamate the zinc, for then under ordinary circumstances when the circuit is open and the cell not in action, the acid will not attack the zinc, and besides no local circuits will be produced leading to the undue consumption of zinc when the battery is in action. The cells mentioned above are convenient, have considerable electromotive force, but possess qualities differing considerably from each other, leading to the selection of the one or the other in particular cases.

The bichromate and Grove cells are very troublesome to take care of, requiring to be taken down and cleaned very often, the latter in fact after each use. In every such cell it is supposed that the metal which is most attacked by the liquid becomes positively electrified, and the one least attacked, negatively. If they are connected on the outside of the liquid with a wire, immediately the negative electricity flows through the liquid from the negative plate to the zinc or positive plate, thence out into the wire connected with the zinc into the external circuit, while the positive current flows through the liquid from the zinc plate to the copper plate, out through the wire connected with it into the external circuit also, where the two currents meet, this immediately discharging the zinc and copper. But immediately the action of the liquid reproduces the condition of electrification, and impulses are again sent through the circuit, constituting the constant current. So the wire attached to the zinc plate delivers the negative current, and although the zinc is the positive plate, and is therefore called the negative pole, the wire attached to the plate constitutes the positive pole for a similar reason. When the current is spoken of without specifying which, the positive is always meant. It is extremely important in using the galvanic current to measure the amount being given the patient. A magnetic needle placed over a graduated dial with a coil of insulated wire beneath it constitutes an instrument for such measurements. This ampere meter, or milli-ampere meter accurately graduated by experiment, is placed

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in circuit with the patient, and from the deflection of the needle, the amount of current passing is indicated. The effects of the galvanic current are very numerous, varied and important, and may be in general classified as follows: Catalytic, Cataphoric and Catatonic.

CATALYTIC EFFECTS.

The chemical effects of the current may be discussed under this heading. Immerse in a vessel of acidulated water the electrodes of a battery of cells and the water will be decomposed, the hydrogen appearing at the negative pole and the oxygen at the positive. Very many chemical substances can be decomposed by this current when strong enough, the acid portions of the compounds appearing in general at the positive pole, and the basic portions at the negative. This can be taken advantage of to remove many new tissue formations of the body. Naevi, hair in abnormal situations, moles and various other cutaneous blemishes can be removed usually by simply inserting a fine needle and passing the current for a short time. The galvanic current has been highly recommended for the removal of urethral strictures, but it seems that this treatment has not met with much favor. Perhaps the most important therapeutical use of the current depending upon this property is the treatment of uterine fibroids. For a detailed description of the method, appliances, etc., I refer the reader to the writings of Apostoli, Keith, Massey and others. In chronic metritis and endo-metritis, cauterization of the uterine mucous membrane with the negative electrode has been highly recommended. This current has also been used with good results in cervical stenosis. Aneurism has been often treated with the galvanic current, a needle attached to the negative electrode being recommended by some, to the positive by others, for insertion into the aneurismal sac.

When a current of electricity is passed through a wire, a certain resistance is encountered and heat is produced, the amount of heat being always proportional to the resistance of the wire and the amount of the current. If the wire be long, the heat being distributed throughout the entire length, the temperature of any small section is not very high. Imagine the wire on the contrary to be short and made of such a material that the resistance is equal to that of the longer wire, and pass through it the same amount of current as before; the amount of heat being now distributed through only a short length of wire, of course

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each segment is highly heated. Such is the explanation of the electric cautery consisting in its simplest form of a battery, wires, and knives differing in shape, of course, according to the nature of the purpose for which they are to be used. These knives are usually made of platinum because of its very high resistance in proportion to its length and its high melting point. Carbon also possesses a very high resistance, and currents passed through it also raise its temperature, causing it to become incandescent, when it serves as a source of light. If the carbon is very small, when heated it will combine with the oxygen of the air and be consumed immediately. To prevent this, in the incandescent lamp, the carbon filament is enclosed in a glass globe from which the air is exhausted. Very small incandescent lamps are used now in connection with many surgical instruments—with the head mirror by specialists to facilitate the examination of the eye, the respiratory passages, for introduction into the æsophagus, the urethra, and the bladder as in the cystoscope, etc.

CATATONIC EFFECTS.

The passage of a galvanic current through an organ, nerve or muscle results in a change of state of these parts, generally evident by an increase in the functional activity. If a couple of wires connected with a very delicate galvanometer be placed a short distance apart on a living nerve it can be usually demonstrated that one part of that nerve is electropositive to the other; for a current will flow through the galvanometer circuit, indicated by the deflection of the needle. If now a galvanic current is passed through another part of the same nerve, and is passed in the same direction as the normal nerve current, then this latter will be increased, while if it be passed in the opposite direction the nerve current will be decreased in intensity. It can be shown that none of the battery current escapes down the nerve affecting the instrument. This change in the electrical conditions of the nerve is known as the electrotonic state. At the same time the excitability of the nerve is considerably altered towards stimuli. If a stimulus be applied to the nerve near the cathode or negative pole of the battery, the nerve will be found more sensitive than it is when no current is passing; while on the contrary, if the stimulus is applied near the positive pole or anode, the excitability of the nerve is diminished. This condition of increased excitability near the cathode is called the elec.

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trotonic condition, and that of decreased excitability near the anode is known as the analectrotonic. These changes in the excitability of the nerves only occur when weak or moderately strong currents are employed. With very strong currents, areas of diminished excitability are present around both the cathode and the anode.

Move the muscles of the thumb voluntarily. The state of the nerve supplying these muscles has been changed; impulses have passed through them, there is more blood in them and the processes of nutrition are more active. The application of electricity to these same nerves will ordinarily produce the same effects, —viz: a contraction of the muscles supplied by them, accompanied by increased metabolism. The various organs require for their proper performance proper nutrition. Usually an increase in the amount of blood to a given part is followed by increased or improved nutrition of that part. The galvanic current exercises this effect upon the body. Apply a moderately strong current to the skin and areas of redness will soon be noticed, especially about the negative pole, which, with strong currents may proceed to vesication. All the capillaries are dilated with blood. In a short time after the application, all evidences will have perhaps vanished, but some effect still remains, for if that individual four to six hours afterwards will take a warm bath, those portions of the skin, where the current was applied, will become red considerably sooner than other portions of the body.

So the galvanic current can be used in cases of paralysis where we wish not only to exercise the muscles, but also to promote their nutrition, and in many conditions where we desire to increase the metabolism of certain parts. The electrotonic effects can be taken advantage of when we desire to increase or decrease the excitability of a given nerve or organ, the one pole producing a sedative effect and the other an exciting effect. Experiments show that the galvanic current is of value in cases of post-diphtheritic paralysis. If two equally paralyzed parts are observed, the one treated with galvanism and the other not treated, the former will show evidence of improvement considerably sooner than the latter. If the one part is treated with galvanism and the other with faradism, the former will improve the more rapidly. This current is also valuable in the treatment of cutaneous anæsthesia. Suppose the continuity of the ulnar nerve to be in some way interrupted; then of course that portion of the skin

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supplied by it will be anæsthetic. The axis cylinders of the ulnar nerve and median form a fine net work or plexus with each other under the skin. Little filaments from the ulnar nerve pass over and communicate with the median filaments and vice versa. If these latter filaments can be set in action sensation will be conveyed by the median nerve and the area of the anæsthesia will be reduced. The frequent application of the galvanic current will often bring this about. The galvanic current is also useful in promoting nutrition in bad cases of neurasthenia. This current is very valuable in diseases of the nervous system, perhaps more for diagnosis and prognosis than for treatment. To make a complete electrical examination of a nerve or muscle it is necessary to use both the faradic and galvanic currents. The application of either pole of a faradic battery to a normal muscle or nerve will, of course, provoke a contraction. Use the galvanic current but a weak one, your apparatus being provided with a commutator, an arrangement to change the direction of the current, so that the anode can instantly be made the cathode and vice versa, thus obviating the necessity of often changing the position of the electrodes. Place the cathode on the muscle or nerve and close and open the circuit. No effect will be noticed. Gradually increase the current and soon on closure of the circuit a contraction will be produced, which is known as the cathode closure contraction—C. C. C. Opening the circuit produces no effect, and reversing and opening and closing again produces no effect. Increase the current and the C. C. C. increases, and if the current be strong enough, on reversing and closing, a contraction will result, known as the anode closure contraction—A. C. C. Sometimes contractions on the opening of the anode occur, the closing contraction at times being the more powerful, sometimes the other, but in all cases the C. C. C. is stronger than either. It requires a very strong current to provoke contractions on the opening of the cathode.

A lesion anywhere in the peripheral motor tract will be followed, of course, by degeneration of the nerve fibre and then by degeneration of the paralyzed muscles. If the lesion is above the trophic cells in the cord such a degeneration does not occur. These degenerated nerves and muscles behave very differently toward both faradism and galvanism from what they do in the normal state. The nerve itself rapidly decreases in excitability toward both the galvanic and faradic currents, and in a few weeks is entirely insensitive. Neither current applied to the

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nerves will provoke a contraction of the muscles. At the same time the excitability of the muscle to faradism has decreased very rapidly and finally disappears, but galvanism still produces a response, the character of which response is quite different to that which is produced when the muscle is in a normal state. In the first place, very weak currents will provoke contractions, and although as normally the C. C. C.'s are strong, the anode closure contractions are also strong, and may even exceed the former. A strong contraction is also produced on the opening of the cathode. The degenerated muscle reacts to the current very slowly and sluggishly, and unlike the normal muscle, does not usually relax immediately after the application of the current, but often continues in contraction while the current is flowing. The presence or absence of this reaction of degeneration (R. D.) locates in a general way the position of the lesion—whether above or below the trophic cells of the cords, and enables one to speak with some certainty concerning the prognosis of the disease. If the paralysis is to be long continued or is incurable, the contractions day after day to the galvanic current will become feebler, stronger currents being required to provoke them, until finally no currents whatever will be able to produce contractions. If the case is to improve, soon the contractions will partake more and more of their normal character. The C. C. C. more and more predominates, the A. C. C. becomes less in intensity and finally disappears, of course with moderate currents. The faradic excitability returns, the contractions are more vigorous and quicker, and finally the muscle returns to its normal condition. A partial reaction of degeneration in which the changes of the muscles to galvanism are present, but in which the excitability of the nerve to galvanism and faradism are only somewhat diminished, indicates that although marked degenerative changes in the muscles have occurred, still the nerves are not much affected, the prognosis, of course, being then more favorable.

CATAPHORIC EFFECTS.

This is a property of the galvanic current in virtue of which substances in solution or suspended in liquids are carried along in the direction of the positive stream. To demonstrate this, fill a long glass tube with water slightly acidulated, place in it a drop of mercury and in the two open ends of the tube the terminals of a battery of several Grove cells, when it will be noticed that the globule of mercury moves from one end of the tube to

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the other in the direction of the positive current. Reverse the current and it will move back. This effect has been taken advantage of for therapeutical purposes. It is claimed that if a sponge attached to the positive pole be moistened with a strong solution of cocaine and placed over the spot to be anæsthetized, the other pole over an indifferent portion of the body, and a moderately strong current be passed. the drug will be carried through the skin and the part rendered anæsthetic. This method has been improved upon as follows: Take a glass tube one inch in length and half an inch or more in diameter, and tie over it a piece of parchment paper. Fill the tube with a solution of the drug to be used and fit to the other end a cork with the positive wire passing through it and dipping into the liquid. Simply wet the parchment, apply it to the skin and turn on the current. Aconitia can be administered in this manner in cases of trigeminal neuralgia. Further developments in this direction are awaited.

Let us now turn our attention to a few of the problems commonly presented to a physician when selecting a battery or adapting one to a given purpose. These problems are not always very easy to solve. The kind of cell, the number as well as the manner in which they should be connected, vary with the nature of the work desired to be done. Cells can be connected together to form batteries in two general ways—in series, when the zinc of one cell is connected with the copper or carbon of the second, the zinc of this connected with the copper or carbon of the third, etc., this leaving unconnected zinc and copper wires at the ends for terminals; and in multiple arc, where all the zincs are connected together, forming one terminal, and all the coppers or zinc together forming the other. When a current passes around a circuit it, of course, passes through the wires connecting the plates outside of the liquid, and it also passes through the liquid from plate to plate. The resistance it encounters external to the cell is known as the external resistance (E. R.) of the circuit, and that which it meets inside the cell itself is called the internal resistance (I. R). The amount of current passing around any circuit is determined according to Ohm's law, by dividing the E. by the sum of the resistances of the whole circuit. It is demonstrated that connecting the cells in series increases the E. of the combination by as many times as there are cells, but at the same time increases the internal resistance by as many times as there are cells. But if the cells are connected in

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multiple arc the E. remains the same, while the internal resistance is diminished by as many times as there are cells. Imagine that we have five cells each having an E. of two volts, and an internal resistance of two ohms, and we wish to get the greatest amount of current through a circuit, whose external resistance is one ohm, from it as possible. Connect them in series, then the E. is five times two, or ten, which divided by eleven or the sum of the internal and external resistance, gives us five-elevenths of an ampere. Connect them in multiple, and the E. is now just two, that of a single cell, while the internal resistance is only one-fifth of two, which added to the external resistance and divided into the E. gives us ten-sevenths of an ampere, which is a greater amount of current than that obtained in the former case.

It can be equally well shown that if the E. R. be great, connecting the cells in series will give the greatest amount of current. So it can be said in general that when from a given set of cells the greatest amount of current possible is desired, if the E. R. is great, connect them in series, while if the E. R. is small, connect them in multiple. The former condition obtains usually when the current is to be applied to the human body, while the latter in the galvano cautery, the knife rarely possessing more than a fraction of an ohm of resistance. The same facts are expressed in the statement, that the best effect is obtained from a battery when the E. R. is equal to the I. R. This condition, of course, can only be usually approximated. So if the E. R. is great, connecting the cells in series increases the internal resistance; while if the E. R. is small, connecting them in multiple decreases the I. R., the two thus in both cases approximating each other. For cautery purposes, or lighting, large plates of copper and zinc are needed, the increased surface lessening the internal resistance. Storage cells or accumulators are very convenient for such purposes, and will probably come into more general use in the future. For general purposes, excluding the heating and lighting effects of the galvanic current, perhaps the Leclanche and its modifications and the silver chloride cell are most suitable, not only because of their considerable E., but because of their cheapness, portability, size and convenience.

The faradic and static currents can be said in general to possess neither catalytic nor cataphoric effects, but two physicians of my acquaintance it seems were ignorant of this fact, for they once approached me for a reason why they had obtained no good effects from the electrolytic treatment of an uterine fibroid. On

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inquiry, I ascertained that they had been endeavoring to resolve said tumor with an ordinary faradic battery. So a thorough knowledge of the principles of electricity is essential to a successful treatment of disease by that agent.

For Texas Medical Journal.

PELVIC ABSCESS WITH GANGRENE OF THE VERMIFORM APPENDIX.

BY A. H. SCHENK, M. D., KENNEY, TEXAS.

[Read at the meeting of the Austin County Medical Association in Bellville, on July, 1893.]

PATIENT, A. Scharff, aged 28 years, a robust German, with a previous history of good health, came to me complaining of having had fever for two days. Without making a very careful examination, a diagnosis of remittent fever was made, and I prescribed accordingly, directing my patient, however, to report next day, if his fever had not subsided. Eight days later I was called to see him. He told me that my treatment had benefited him, but that he was not well. He was found still having fever, with a temperature of 103° F., a heavily coated tongue, dry and cracked; a pulse 120 per minute. His face bore an anxious expression; complexion was not clear. His mind was good after he was awake for a time, but just after being aroused from sleep, he would for a few moments stare around meaninglessly. His condition was very much that of a patient after a prolonged and constant elevation of temperature as often found in continued types of fever; though his peculiar countenance, tired look and muddy skin were strikingly characteristic of septic poisoning. For several days an expectant treatment was carried out without making a diagnosis, and in the meantime, on each visit a thorough examination was made. There was no pain in any region of the body, save a slight feeling of discomfort over the epigastrium; tympauites was rather marked. The rise and fall of his temperature was nearly regular, and indicated a continued fever, but his peculiar expression caused me to withhold a positive opinion.

On my fourth visit his condition, it was plain, was becoming more serious, as a progressive weakening was very apparent.

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There were no sweats, no chilly sensations had occurred, and feeling the necessity of giving a positive opinion in regard to what the nature of the disease was, I felt justified in discarding the indication of septic fever and leaned towards continued fever, when my attention was attracted by the slightest difference between the R. and L. iliac regions. The sign could hardly be detected, and otherwise there was no reason to suspect pus in either of these regions. An exploratory puncture was made and pus found in the L. iliac region about an inch from the crest of the ilium. With the aid of Dr. J. C. McGregor, who gave chloroform, the abscess, which was extra-peritoneal, was opened.

By probing, the abscess cavity was found to be situated deep within the true pelvic cavity, the pus having burrowed its way to the surface between the pelvic wall and the peritoneum. By means of manipulation and the copious use of antiseptic water with a fountain syringe an enormous quantity of creamy pus, with shreds of dead tissue, were removed. An iodoformized gauze strip was inserted for further drainage, and after treatment consisted of irrigation with 1:3000 Hy Cl solution. The patient now did well: his temperature fell to 99° F.; pulse went down to between eighty and ninety per minute; his condition seemed to better itself daily, and I had discontinued my visits two days when I was sent for to come and see him in haste on the sixth day after opening the abscess. He had been suffering during the afternoon with intense colicky pains, and with these I found him. His temperature was 101° F., pulse 100 and upward per minute. On inquiry I learned that he had eaten a goodly portion of salt herring in the morning, and attributing his painful and worse state to this unwise taking of food, an anodyne was administered and a brisk dose of salts ordered to follow. On the following morning his condition was still painful, temperature 102½° F., pulse weak, 120 per minute, nausea marked and some retching, though his bowels had moved; abdomen was tender in general and disturbed, fingers were cold, entire surface clammy to the feel, and patient wore a very tired, hollow-eyed look. A well defined area of increased tenderness over the cæcum. Extreme prostration was evident to all, and his family readily consented to an exploratory incision. With the aid of three assistants I made an incision over the cæcum centrally to the area of increased tenderness, and finding the presenting coils of small intestines matted together, the opening was enlarged to about 4½ inches parallel with the linea alba. The adhesions were lo-

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cal, and after these had been, with slight effort, separated, the colon was traced to its blind end and the appendix found without difficulty. It was about two inches in length, of dark blue color, standing out against the right wall of the ilium, distended to its utmost with a murky mixture of offensive fluid and granular fecal matter. After dissecting it from a slight peritoneal attachment, the base was ligated with a double catgut ligature, and with small shreds of dead tissue adhering, removed. The stump looked well, was dressed with a hot $Hg\ O_2$ solution, and everything presenting a healthy appearance, with no oozing, the peritoneum was completely closed with one row of catgut sutures. The remaining layers of the ventral wall would, by preference, have been closed by two rows, but scarcity of suturing material, of necessity, compelled me to use only one row of interrupted sutures. After the operation the patient improved without interruption, though convalescence was tedious on account of the discharge of pus from the abscess in the left side, which did not cease in spite of the most thorough irrigation with various antiseptic fluids. After nearly two months time pus formations ceased and the abscess showed a tendency to get well under iodoformized glycerine injections. Now there is a remaining fissure probably two inches deep. The details of the clinical course of the case were given because these alone make it an unusual case, and show how difficult it was to find out what was the matter early in the case. It must be borne in mind that here in the outset was a severe case of septic fever that had lasted two weeks, and was jeopardizing the life of the patient, the real cause of which I had no clue to find out. There was no complaint of pain in the whole history of the case, primarily, nor any other symptom, objective or subjective, that pointed to the local sight of the trouble.

How important it is in such cases to evacuate pus early is known to us all; for the collection of pus in whatever portion of the body, and especially when in the region of a vital organ or cavity, must ever be regarded as a serious condition, and, as a rule, the early removal favors an early healing of the abscess cavity, preventing the formation of the increasing bulk of pus, which acts as a foreign body and besides is a dangerous source of septic poisoning as long as it remains in any cavity of the body, natural or unnatural, notwithstanding the knowledge of the fact that nature in so many instances shows wonderful powers of resistance to evil effects of its presence for

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various lengths of time. Pelvic abscess is treated very lightly in most text books of general surgery, and before concluding my paper I shall quote from Kelsey, to whose writings I am indebted for the clear understanding of the case herein reported. He says that an abscess with a very large collection of pus in the pelvi-rectal region gives rise to a continued rather than a high fever; that sweats and chills rarely occur and that pain generally is not marked. He speaks of bladder and rectum symptoms occurring. There was a little tendency to frequent urination in my case, but no more than sometimes found in fevers. Such an abscess has for its floor the lavator ani muscle, and in women is apt to open near the crest of the ilium; in men they generally burrow through the lavator ani muscle and open into the rectum or near the anus. The lavator ani muscle forms the floor of an abscess in this, the superior pelvi-rectal region. A probe, in my case, would of its own weight follow the sinus in this region, and the long tube of the syring was also insinuated to its whole length during irrigation. A positive diagnosis is made with difficulty by rectal and abdominal palpation. The gangrenous appendicitis in this case I believe developed independently of the abscess.

Appendicitis has recently claimed much attention in medical literature. To discuss its history and the many phases in which it shows itself would make a very long paper. Every leading journal has in the past year had articles on the subject. I desired only to give a practical report of this complicated case and its termination, which is recovery.

For Texas Medical Journal.

CHLOROFORM IN LABOR.

BY T. MARION DUNAGAN, M. D., BARRY, TEXAS.

WHEN chloroform was discovered it became to the human family the noblest benefactor the world has ever known; it enables the surgeon to perform the most capital operations with no pain or shock to the patient, while before its discovery they must have been left to die without an operation, or if performed, to succumb to the shock; but now, if the mother, who is the light and joy of a happy home, become the victim of "ovarian tumor" the skillful gynecologist, assisted by chloroform, with almost an omnipotent power can lay his hand on that dreaded disease and

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say to it, "Thus far shalt thou go and no farther; here and now shall thy devastating progress be stayed," and restore the happy woman to her family and friends and give to her perhaps a long life of sunshine and happiness, and make the very walls of that home ring with cheers and gratitude. This is only one picture expressive of the many thousand that are each day being enacted as the result of the God-given power of chloroform. But still there is another anxious hour of female existence that is far more common than the "ovarian tumor" or any condition that invites the surgeon's skill, a condition that comes to the greatest majority who assume the marriage role which has ever been proverbially cited as the hour of the *greatest* of *mortal* suffering, and it is none other than the period of child-birth; and though some would say 'tis *physiological*, is it not agony? Comparable to no other pain? And the mere fact of its being *physiological* and not pathological, does not in the least mitigate the severity of the pains. While this fact is acknowledged, the great majority of our lying-in patients are allowed to endure the travail of child-birth, the most *excruciating* pain, to the bitter end, while we have that near at hand which would deprive it of its greatest terrors, and when a woman had once borne a child under its influence, she would not possess such a horror for the next, and society would be robbed of its greatest sin—criminal abortion, —and suffering womankind of the many diseases that follow in its wake. We would not ask the victim of disease or accident to submit to an operation the *pain* and *shock* of which would not excel that of child-birth, without the administration of anesthetic.

Now, if by the judicious administration of chloroform we can mitigate or abolish the sufferings of child-birth,—that greatest of *physical anguish*,—and that too with perfect safety, it does appear to me, that in doing so, we confer a blessing on woman the value of which would be hard to estimate. This, I will attempt to show by a resumé of authorities (and not from my limited experience and observation) can be done with entire safety to both mother and child. Why is it that we are so dilatory in using this anesthetic in parturition? Is it because we have a long list of victims that have succumbed during its administration, as does sometimes occur in *surgical* practice? No, it can not be this, for Prof. Playfair has informed us in his work on Obstetrics, 3d Amer. Ed., "That as yet there is no case on record of death during the inhalation of chloroform for *obstetrical*

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purposes." No, it is simply because the traditional idea is still maintained that "meddlesome midwifery" is fatal and 'tis wrong and wicked to interfere with the laws of nature. To this specious kind of reasoning we have all listened, and have, perhaps, too often allowed ourselves to remain inactive.

One great objection urged against the use of chloroform in labor is, "that it predisposes to or favors *post*-partum hemorrhage." Prof. Isaac E. Taylor, Professor of Obstetrics in Bellevue Hospital College, New York, remarked at a meeting in the Academy of Medicine, that "in some cases in which it had seemed that the forceps were necessary in order to complete delivery, the moderate influence of chloroform had been sufficient to *stimulate the uterus to action* and render the use of instruments unnecessary. In all cases, therefore, of proposed forceps delivery I first try the *stimulating* effects of chloroform upon the uterus, and if that proves insufficient I then proceed to deliver with the forceps."

So we see from the experience of this experienced author and obstetrician that chloroform not only does not produce *inertia* of the uterus, consequently predisposing to hemorrhage, but instead *stimulates the uterus* to action, and many times prevents the necessity of using forceps, and it is my opinion that chloroform, by preventing nervous shock, allaying nervous irritability and thereby husbanding the strength of the entire system, will prevent rather than cause post-partum hemorrhage. Another objection urged by some is, that "chloroform arrests the pains or *uterine contractions*, and therefore prolongs labor." The authority we have just cited in contradiction of a predisposition to post-partum hemorrhage is *one* in opposition to the objection, for in *stimulating the uterus* you shorten rather than prolong labor.

Dr. H. C. Ghent, of Belton, Texas, in a paper read before the Texas Medical Association on "Anæsthetics in Midwifery Practice," says: "I have never known it to diminish the uterine pains in the least, but on the contrary have witnessed the pains increased in power. That chloroform is a uterine stimulant I do not question, for I have witnessed this happy effect time and again."

Dr. E. T. Rulison, Amsterdam, N. Y., in a paper read before the N. Y. State Medical Association on "The use of chloroform in Labor," says: "It shortens labor and in several ways greatly relieves the attendants."

Dr. Chaigneau in "Journal de Medicine," Paris, says: "Chloroform has no effect upon delivery, or on the production of post-

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partem hemorrhage, or on any of the conditions of the puerperal states." He even maintains that acute or chronic pulmonary affections, diseases of the heart, kidneys, or of the nervous system need not interfere with the cautious administration of this anæsthetic.

And as to the dangers attending its administration in obstetrical practice, Dr. J. F. Baldwin, in Columbus Medical Journal, says: "Chloroform has been given to hundreds of thousands of lying-in women, and the records may be challenged to authenticate a single fatal result when the drug was administered by a physician."

Prof. Simpson, in his work on "Anæsthetics," says: "I can state positively I have never seen any serious symptoms which could be traced to the chloroform in any one case, either as affecting the mother or child."

Ringer says, in his Therapeutics, ninth edition: "Choloroform eases the uterine pains without increasing the danger to mother or child."

Leeshmum says: "Given on a handkerchief, in small quantities on the approach of each pain during the second stage, it can never do harm. It thus allays pain and assuages nervous irritability, and in the hands of the skillful practitioner, it is a power for good, and never for evil."

Henry M. Lyman, Int. Surgery, Vol. 1, as follows: "Its convenience, its agreeable properties, and the remarkable degree of safety which has attended its exhibition under such circumstances, have all combined to give it the preference before any other anæsthetic."

Dr. W. R. Reid, (*Glasgow Med. Journal*) in an article on "Anæsthetics in Midwifery:" "The knowledge that the heart or kidney disease exists only makes me more anxious to use chloroform, because in such cases the strain of a severe labor is vastly more dangerous without an anæsthetic than with it." He further states, "that a lying-in woman is peculiarly fitted for escaping the dangers usually connected with anæsthesia; the left ventricle of the heart is considerably hypertrophied, and so less likely to weaken under its action. She is kept in a recumbent position, and so to that extent defended from syncope. The action of the heart is aided by the alternate relaxation and contraction of the uterus, and lastly, the anæsthesia tends to produce anæmia of the brain, whereas the labor pains give rise to an engorgement of that organ. The causes taken together seem to me to

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account for the absence of fatal results in connection with obstetrical anæsthesia."

Dr. J. Marion Sims says: "The efforts of parturition cause cerebral congestion, which counteracts the tendency to syncope from chloroform."

Dr. Fancourt Barnes, of London, (*British Med. Journal*) says: "The comparative innocence of chloroform in obstetrical practice is due to the pyhsiological increase of power gained by the heart during pregnancy.

Another beautiful conservatism connected with the use of chloroform in obstetrical practice is the fact that the cerebro-spinal system of the nerves are the first to yield to the influence of an anæsthetic, while the ganglionic or sympathetic system are the last to succumb. The womb, being supplied from the hypogastric ganglia of the sympathetic system, would be the last to receive the effects, consequently the contractile power of the uterus would not be interfered with, and the progress of labor would not be retarded. But the neck of the uterus and vagina are supplied by both systems of nerves, hence would come under its influence sooner than the body and fundus; so when given during the second stage, instead of prolonging labor, it would in this way assist dilatation and hasten its termination. And, furthermore, the perineum being supplied from the spinal system of nerves, would be the first to yield to the influence of an anæsthetic, hence these tissues would relax, and the possibility of perneal tears wonld be lessened.

One of the authorities above cited (Ghent) says in reference to its powers to prevent perineal ruptures: "By the use of chloroform I am confident the gynecologist is prevented from surgical interference."

Another (Baldwin): "It reduces the liability to rupture of cervix and perineum."

Still another (Rulison): "It reduces the number of perineal tears to minimum."

And innumerable are the distinguished authorities I could record, to say nothing of the many thousands of lesser light and notoriety, to plead for the more frequent use of this anæsthetic in natural labor. And I have not presented an array of my own limited experience, but have striven to select from the superabundance of authorities in support of its use those most positive and direct. Ever since the days of the immortal Simpson obstetricians have been persistently urging its use in obstetrical

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practice, but the profession, with its inherent conservatism, has been slow to forsake the beaten paths, and it will only be by "line upon line and precept upon precept" that the desired end can be attained.

So let us as physicians living in a scientific era utilize this glorious gift for the amelioration of those "incomparable pains" incident to childbirth, and by so doing, destroy to a great extent that great horror of childbearing felt by all women.

And, as is aptly said by one writer, "bring increased respect for the medical attendant, and the gratefulness depicted upon the countenance of the woman when informed that she is a mother (having become so without pain), cannot fail to arouse in him thoughts so pleasing that he is apt to forget for a moment that a doctor has any trials.

Current Medical Literature.

DEPARTMENT OF PRACTICE OF MEDICINE.

Conducted by Professor Allen J. Smith, A. M., M. D., Medical Department University of Texas, Galveston.

THE TREATMENT OF CHOLERA BY HYPODERMOCLYSIS AND ENTEROCLYSIS (*American Journal of Medical Sciences*, July, 1893).—Dr. Judson Doland discussing this subject, speaks of the treatment in the three stages, (1) premonitory stage, (2) evacuant or stage of collapse, and (3) the stage of reaction. In the first of these the writer counsels rest in bed, protection from cold, the simplest character of food, such as boiled milk, well-boiled rice and milk toast. The administration of an acid, hydrochloric acid (30 or 40 drops to a tumbler of water for the adult) or sulphuric acid (20 drops in four ounces of water) as recommended by Dr. Roland G. Curtin, is advised because of the inability of the cholera spirilla to grow in acid media. In the stage of collapse on account of the enormous loss of fluid, and the serious consequence of such loss to the blood and muscles, the subcutaneous injection of a solution of 0.6 per cent. (or two small teaspoonfuls) of sodium chloride in a quart of hot water (distilled and sterilized), with the addition of several ounces of brandy perhaps, supplies most thoroughly and simply the indications.

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For the employment of hypodermoclysis an ordinary fountain syringe, with a small sized aspirating needle and canula is best suited. The operation should be performed in either flank between the ribs and the crest of the ilium, or on the inner aspect of the thighs. The entire apparatus should be sterilized; the skin about to be punctured should be first well washed with soap and water, then with alcohol, next with ether and afterward saturated with a 1:500 solution of mercury bichloride. The first injection to an adult should be one or two quarts; for an adolescent one or two pints, and for an infant, one half pint. The solution should have a temperature of 110° F., in the reservoir, which should lose five degrees or thereabout in traversing the tube to the needle. The liquid should be introduced slowly, the hydrostatic pressure being easily regulated by raising or lowering the reservoir of the syringe. Twenty or thirty minutes should be consumed in introducing one quart of the liquid, dispersion of the fluid under the skin being aided by massage only in cases where rapid absorption is demanded. In favorable cases unaided, absorption takes places in from twenty to forty-five minutes, but in some cases it requires several hours; and the rapidity of absorption is held as of some prognostic value. Inorder to counteract the processes set up by the cholera micro-organisms in the intestine, where the stomach is retentive, full doses of such medicaments as salol or salicylate of sodium should be admidistered by the mouth. Where this is impossible, because of the irritability of the gastric mucous membrane, or even aside from such circumstances, enteroclysis, the introduction of fluid into the intestinal canal by the rectum, is a valuable method of medicinal administration. Dr. Doland has proved to his entire satisfaction that liquids may be passed with greater or less ease through the ileo-cæcal valve from the lower into the upper intestine; and details a number of experiments performed upon the living as well as the dead subject to verify his assertion. In enteroclysis the author recommends the use of a two per cent. solution of tannic acid in water (about three teaspoonfuls to the pint), at a temperature of 110° F. Of this, two quarts for an adult, one for an adolescent, and a pint for a child should constitute the dosage. The solution should be introduced quite slowly, the author suggesting the employment of a lavage tube of soft rubber, with rounded end, a diameter of a fourth of an inch, with an outlet about half an inch from the extremity, and a

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second one on the opposite side of the tube several inches further back. The tube should be well oiled, warmed and slowly inserted into the rectum by a rotary and forward movement for a distance of ten inches. At least ten minutes should be consumed introducing a quart of liquid, and its retention should be sought for. In severe cases enteroclysis may be repeated as often as every four hours. If retained the fluid inhibits the growth of the cholera spirilla, supplies heat, and replaces a ceramount of fluid lost through the processes of the disease. If it be not retained, it at least serves to wash out from the intestine much material, which if absorbed, would be noxious. In order to supply the necessary heat in this algid stage, Dr. Doland recommends the above measures, the hot plunge-bath repeated as often as desired, hot air introduced beneath the bedclothes, hot water-bags, hot bricks, or even the use of a water-bed filled with hot water as suggested by Dr. F. X. Dercum. As stimulants the author recommends hypodermic doses of brandy repeated as often as every hour. He recommends that the choleraic matters in the stomach be washed out by lavage with the hot tannic acid solution used in enteroclysis. The only nourishment permitted should be peptonized or sterilized milk, about two ounces every two hours. Koumyss or carbonated milk may be substituted if this is not well borne. Iced champagne may be given in small quantities. Carbonated distilled water, or the table-waters, such as Apollinaris, with hydrochloric acid as suggested, may be permitted. In the stage of reaction the quantity of liquid food and liquids may be increased. The acid should be continued. If suppression of urine continues into this stage, it would be an indication for continuance of hypodermoclysis at interval of eight hours. Pepsin may be now administered in order to encourage perfect digestion, along with the hydrochloric acid. The food in uncomplicated cases should gradually pass from the liquid form to more solid substances as soft-boiled eggs, milk-soaked bread, well-boiled rice, junket, etc. Where the typhoid stage remains, the hypodermoclysis should be repeated once or twice daily; and strychnine (gr. $\frac{1}{40}$.) and quinine (gr. iii) may be administered thrice daily along with the pepsin and hydrochloric acid.

TREATMENT OF TYPHOID FEVER BY THYMIC ACID.—Dr. E. E. Wible (*Pittsburg Medical Review*, March, 1893) reports that during the autumn and winter of 1892 he treated forty-eight con-

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secutive cases of typhoid fever by the administration of five grains of thymol (thymic acid) every three hours until convalescence was established or the patient's temperature approached the normal. The drug may be administered internally either in emulsion or dissolved in alcohol, but is best given in pill form, using soap or glucose as an excipient. Of these forty-eight cases there were but three deaths, one moribund on admission, dying within twenty-four hours after admission; a second admitted during the fourth week of illness in a typhoid state and having had no medical attention during this time. Excluding the one admitted to hospital in a dying condition, the rate of mortality is but a small fraction over four per cent. The length of the course of the disease was also favorably influenced by the thymol treatment, the average number of days the patients remained in hospital being less than thirty. The average of the highest temperature in each case was 103⅘° F. The highest temperature of any case was 105⅘° F. in the axilla, and this elevation remained for five days before it gradually lowered. The cold wet pack was employed to lower the temperature. The patients were all males between the ages of 19 and 55 years; their average was 26 years. Three cases were complicated by intestinal hemorrhage, but these all recovered. Other complications that occurred among this series were: two cases of parotiditis; three cases of suppurative otitis; one of phlebitis, and one of periostitis. One of the cases of parotiditis occurred in one of the fatal cases.

Dr. Wible appends to his paper the following rules for the guidance of nurses in the treatment of typhoid fever patients:

1. Give each patient five grains of thymol every three hours.
2. Give ten grains of salicylate of bismuth every three hours, when there are more than three to four stools in twenty-four hours.
3. Give to each patient two quarts of skimmed milk every twenty-four hours.
4. Give cracked ice and ice-water freely, allowing from three to eight quarts in twenty-four hours.
5. If the diarrhœa is not marked, beef-tea or chicken broth may be given once or twice a day.
6. If the diarrhœa is excessive, give nothing but milk and water.
7. When the patient's temperature rises to or above 103° F.,

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give sponge baths every half hour or apply the cold wet pack until the temperature is reduced below 103° F.

8. For abdominal pain or tympanites apply turpentine stupes.

9. Cleanse and disinfect the mouth with a solution of boric acid.

10. Disinfect the stools and urine with a thick solution of the chloride of lime or a five per cent. solution of carbolic acid.

11. Give no solid food until the evening temperature has been normal ten days.

12. Patients may be allowed to sit up for a short time about the end of the first week of convalescence.

A NEW TREATMENT FOR TUBERCULOSIS.—Samuel G. Dixon (*Times and Register*, April 29, 1893) reports excellent results in the treatment of a case of skin tuberculosis by the endemic administration of tannin and urea. The use of these substances as well as creatin, uric acid and other members of the amido group was suggested to the writer by the rarity of coincidence of tuberculosis and the gouty state, which latter is sought to be approximated by the introduction of these substances.

ICE IN THE TREATMENT OF ACUTE PNEUMONIA.—Thomas J. Mays, of Philadelphia, publishes in the *Medical News*, June 24, 1893, the reports of fifty cases of acute pneumonitis treated by application of ice to the chest over the affected areas, with a view of overcoming the inflammatory process. These cases occurred in his own practice, or were collected by the writer from literature, or from personal reports of the attending physicians. Two of the number, or four per cent. died; but it must be added that one of these fatal cases was a very unpromising one, a sufferer from chonic lead poisoning and intemperate, while the other one probably died from an acute exacerbation of an old attack. The ages of the patients ranged from six and one-half months to seventy-four years. In some instances the ice was applied over a period of several weeks without any untoward results becoming manifest. The author states his belief in the resolving power of the cold upon the inflammation, acting mainly by causing capillary contraction in the affected tissues. The application of the ice-bag acts beneficially upon the symptomatology of the affection, remarkably relieving the pain, dyspnœa, cough and expectoration, as well as very decidedly influencing the temperature. Firandt (*London Lancet*, Aug. 10, 1892) has recently reported

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106 cases of pneumonia treated with ice application, with but three deaths (2.82 per cent). These, with the above, made a series of 156 cases with five deaths, (or a death rate of 3.2 per cent. Ordinarily it is not uncommon to meet with an epidemic of pneumonia whose death rate is at least ten times greater than this; and the rate of most hospitals for a long series of years is over 20 per cent., the old method of treatment being pursued.

SHAKING PALSY.—Charles L. Dana, of New York, (*N. Y. Medical Journal*, June 10, 1893,) thus summarizes a study of this affection, based upon the observation and post mortem examination of several patients: Paralysis agitans is characterized by a central vascularzation of the spinal cord, a diffuse interstitial sclerosis starting from the blood vessels and pia. This affects in particular the central and anterior portions of the gray matter and lateral columns, leading in later stages to cell degeneration, leptomeningitis and some peripheral sclorosis; there is sometimes degenerative neuritis of the peripheral nerves, and chronic myositis; the cerebral cortex and the basal ganglia and the cerebellum, and, in fact, the brain as a whole, is but slightly and only secondarily involved; this chronic irritative process is due to a toxine which circulates in the blood, and may be of endogenous, and perhaps glandular origin; the disease process first affects the end brushes surrounding the anterior horns and causes their degeneration; and it finally impairs the anatomical structure of the motor and vaso-motor secretory cells, causing degeneration and atrophy of them to some extent.

In the matter of treatment the author regards opium as of most service, after rest. Salicylate of sodium and salol often secure excellent results, and the writer believes the proper remedy must be sought for in the shape of some antitoxine which will counteract the poison circulating in the nervous centers. The toxine supposed to underly this disease process is, it is true, but a hypothetical one as yet; yet the analogies to such conditions as gout and rheumatism, the known value of opium and the action of opium upon the glandular functions, as well as the nature of changes in the nervous system render it probable that there does exist such a poison, which may moreover be a product of pathological glandular activity.

YELLOW FEVER—Dr. Joseph Jones, (*St. Louis Med. and Sur. Journal, May, 1893,*) continuing his remarks upon yellow fever,

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an abstract of which appeared in this journal for the month of ———— of the present year, states that while many of the most striking phenomena of the disease, as chills and fever and collapse, must be attributed to disordered vascular inervation, the true point of commencement of the malady is in the alteration of the blood. Nevertheless the nervous system, both the cerebro-spinal and sympathetic, from its distribution and widely reaching functions, also becomes in its disarrangement one of the prominent factors in the affection. During the active stages of yellow fever serious changes take place in the organs and tissues, especially in the kidneys, heart and liver, degenerative in nature, oil and albuminiod granular matter appearing within the cells and in the tissue spores. The blood shows a marked diminution of the fibrinous elements, an increase of fatty matter and an accumulation of biliary and urinary constituents. Upon the hæmic alteration and upon the direct irritation and structural alteration of the gastric mucous membrane by the yellow fever poison, and the biliary and excrementitious substance in the blood is due to the symptomatic "black vomit." The chief causes of death in yellow fever appear to be the direct action of the febrile poison on the blood and nervous system, depressing and disarranging the functions of the latter, and rendering the former unfit for the proper nutrition of the tissues; the suppression or alteration of certain functions, as those of the kidneys and liver, with the retention in the blood of the substances normally eliminated by them; structural alterations and consequent loss of power of the heart, and profuse hemorrhages from the stomach and bowels.

Yellow fever differs essentially from malaria in that in the latter the red blood cells, in the former the albumen of the blood suffers to the greatest extent, in that in the former the temperature changes follow a definite course and are never repeated in an uncomplicated case, while in the latter they at regular intervals and may be indefinitely reproduced; in that yellow fever as a rule attacks but once, whereas malarial fever does not exempt from further attack, but seems to create a predisposition; in that convalescence in yellow fever is generally brief, the changes of blood and organs, as spleen and liver, in malaria being often profound and long continued; in that in yellow fever the liver is yellow and contains numerous oil globules; in malaria it is dark and loaded with pigment particles; the spleen is comparatively unaffected in yellow fever, but enlarged and altered in mala-

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ria; the heart and kidneys are softened and full of oil droplets in yellow fever, but comparatively unchanged in malaria; the urine in yellow fever is almost always albuminous and full of bile and casts in yellow fever, but rarely much affected in case of malaria.

Yellow fever is self limited and usualy occurs but once in the life time of an individual. The urine in yellow fever is persistently acid, its specific gravity does not vary much from the normal. At first it is normal in color, clearness and quantity, but soon it becomes turbid and yellow from the presence of bile, epithelium, casts and granular matter, and contains albumen in considerable quantity.

SALYICLATES IN THE TREATMENT OF PLEURISY WITH EFFUSION—George Dock, of Ann Arbor, Mich. (*Therapeutic Gazette, Feb. 15, 1893*), concludes an article upon the treatment of pleurisy with effusion as follows:

1. Salicylic acid and its salts are among the most effectual agents is the treatment of pleurisy with effusion.

2. In effective doses the remedy is harmless, and with proper selection of the preparation and care in administration causes little or no discomfort to the patient.

3. Salicylates act most promptly in pleurisies with recent or long standing effusion, but are effective in simple dry pleurisy, and often act favorably in secondary pieurisy.

4. There is no evidence that they are useful in suppurative cases.

5. The drug acts as a diuretic, but may have an effect on the pathological process, or on the cause of the disease.

6. Salicylates have a more marked action in pleurisy than have the diuretics commonly so called.

7. "The duration of the treatment with salicylic preparations is less than with diuretics, common salt or roborant medication." (Engster,)

8. The remedy can be used at the earliest period and favorably affects all symptoms.

9. The drug may be given in the form of the acid, or any of its salts, in doses of a drachm of the former, or one to two drachms of a salt daily. In ordinary cases it is not necessary to give the large doses, and sixty to ninety grains of sodium salicylate or salol daily may be considered full beginning doses, to be diminished one-third or one-half after the effect is manifest.

10. The ordinary precautions must be observed in giving the

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drugs, and during their administration the total amount of urine should be measured daily.

THE TREATMENT OF HÆMOPTYSIS.—Dr. Fr. Eklund, of Stockholm, (*Therapeutic Gazette*, Feb., 1893), severely condemns the common practice of giving cold drinks and small bits of ice to the patient with hæmoptysis to swallow. He believes that the irritation of the ends of the pneumogastric nerve in the mucous membrane by the cold must result in paroxysms of coughing, as is the experience with many phthisical patients, and that the cold tends to contract the vessels of the stomach and vicinity, leading to higher pressure in the pulmonary area. Instead, he advises lukewarm, mucilaginous drinks. He also advises against the popular practice of giving large amounts of salt dissolved in water, since the fragility of the vessels is increased upon absorption of the sodium chloride and fluid. He suggests that a small ice bag be placed over the bleeding spot, and that quinine be administered as follows:

℞ Sulphate of quinine.....3j
Extract of ergot.....gr. xxx

M. Make into forty pills, and take one or two pills twice or three times a day.

Or the following may be given:

℞ Fluid extract of hamamelis 3ij
Fluid extract of cinchona 3ij
Extract of liquorice.....3ijss
Distilled water.....Oj

Shake thoroughly, and take a dessertspoonful to a tablespoonful every two or three hours.

He advises that in young persons lead acetate be withheld, for fear of colic; in older persons, this remedy may be of service, but should be given in combination with morphine.

For Texas Medical Journal.

OBSTETRICS AND GYNECOLOGY.

By Wm. Keiller, F. R. C. S. Ed., Professor of Anatomy University of Texas; late Physician for Diseases of Women, Edinburgh Provident Dispensary.

COMBINED SYMPHYSIOTOMY AND CRANIOTOMY IN OSTEOMALACIAL PELVIS.—Dunmock reports a delivery (successful as regards the mother) by combined symphysiotomy and craniotomy

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in an extremely contracted osteomalacial pelvis. Patient pale, weak, emaciated; 4 feet 3 inches high; exhausted by prolonged labor. Pelvis rostrated. Iliac crests 8½ inches apart, spines 8 inches, intertrochanteric 8½ inches, external conjugate 6 inches. Patient too exhausted for Cæsarean section. The symphisis, after delivery, was united by deep wire sutures passed through the periosteum and ligaments, the bones being too soft to admit of drilling. Patient recovered well, the symphysis uniting firmly. —*Brit. Med. Journal*, June 24, 1893.

THE ABSORPTION OF FIBROID TUMORS OF THE UTERUS.—Alban Doran reports a case. Patient, aged 40; seen May 9, 1890. Complaining of pain and dysuria, caused by a blow on a uterine fibroid, which had been felt to exist for three years. The tumor filled the left iliac fossa and reached higher than the umbilicus. It was subserous and corporeal. Os uteri close to pubes. Relieved by rest. On February, 1891, patient again seen. There had been a fœtid discharge in August, 1890. The tumor now could only be felt just above the pelvic brim. On November 25, 1892, there was no trace of the tumor and the uterine cavity measured 3½ inches. Uterus freely moveable. Doran had collected reports of thirty-seven cases, many of them of complete disappearance, before the menopause. Thirteen of these were associated with pregnancy, six with inflammatory conditions, ten not so associated.

Climacteric disappearance does not commence until two years after the menopause. Duncan and Hewitt also reported cases of disappearance before the menopause. Duncan had opened the abdomen in his case for a bleeding fibroid reaching to the umbilicus, but extensive adhesions caused the operations to be abandoned; 1½ years afterwards the tumor had disappeared.—*Brit. Med. Journal*, June 24, 1893.

RUPTURE OF THE UTERUS—PACKING WITH IODOFORM GAUZE —RECOVERY.—Herzfeld reports two cases. First patient found collapsed—right hand presenting—feet to the right. Decapitation, delivery. Laceration in cervix, extending into peritoneum, probably caused by attempt at turning; little hemorrhage; no signs of sepsis; plugged with iodoform gauze; recovery.

Second case, primipari, aged 22; attempts had been made to apply forceps. On admission patient bleeding freely; piece of bruised tissue hanging from vulva. Rent from vestibule through

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lateral wall of vagina into pelvic cellular tissue and peritoneum. Child delivered by axis traction forceps and rent plugged. Recovery —*Cent. f. Gynæk.*, No. 17.

CÆSAREAN SECTION.—Skene Keith, speaking of Cæsarean section, considers it much safer for the patient than Porro's operation (removal of the pregnant uterus). With a conjugate above 2⅝ or 2¾, delivery by symphysiotomy is possible—below this, Cæsarean section and ligature of the tubes to prevent recurrence of pregnancy is the proper treatment where the child is to be saved. The operation is one of the simplest in abdominal surgery. Cleanliness and rapidity in operating are the essentials to success.—*Brit. Med. Journal*, July 1, 1893.

DEATH FROM LEAD POISONING DUE TO THE USE OF "DIACHYLON" PLASTER (LEAD PLASTER) TO PRODUCE ABORTION.—Pope reports two cases of death from lead poisoning, where careful enquiry elicited that a popular superstition exists that "diachylon" taken internally will induce abortion, and the patients had been in the habit of taking diachylon, rolled into pills, with that intent. These two cases occurred within two years in Leicester, but the use of diachylon for such a purpose may be practiced elsewhere.—*Brit. Med. Journal*, July 1, 1893.

HEREDITARY TENDENCY OF PLURAL BIRTHS.—Mari e quotes a case tending to show that the male may inherit the faculty of begetting twins.

Two brothers belong to a family of sixteen, of whom six were twins. Each of these brothers, themselves twins, begot twins. A girl of the family presents a supernumerary nipple which has appeared in the family for four generations.—*Sem. Med.*, June 4, 1893.

STRANGULATED OBTURATOR HERNIA OF THE OVARY AND TUBE.—Von Rogner Gusenthal describes a case in a patient 66 years old. There were symptoms of strangulation, with pain and indistinct gurgling, but no distinct tumor, in the right groin; femoral hernia was diagnosed. On operation the crural canal was clear but a bulging was seen under the pectineus muscle. The muscle was divided and the sac of the hernia in a gangrenous condition, bulged forward. This contained the right ovary and tube and a coil of intestine, all gangrenous. The bowel was

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opened and three pints of fœtid fluid escaped through a rubber tube passed into it. The tube was changed, left in situ, and occasionally unchanged for escape of fæces or flatus. Patient died. The hernia had escaped through the obturator foramen.—*Wiener Med. Presse*, June 25, 1893.

Society Notes.

JOHNSON COUNTY MEDICAL SOCIETY.

INTERESTING AUTOPSY.

CLEBURNE, TEXAS, August 10, 1893.

A meeting of the Johnson County Medical Society was held to-day in the office of Dr. Alexander, with the President, Dr. J. L. Wagley, in the chair; and there were present as members Drs. Alexander, J. D. Osborn, T. C. Osborn, J. P. Sharp, J. L. Wagley, E. M. Williamson, of George's Creek P. O., Somerville Co., and J. J. Williamson of Cleburne.

The minutes of the meeting of July were read and approved.

The Board of Censors had no report to make.

Neither of the regular essayists were present and were continued over for the next meeting, and Drs. Evans, of George's Creek, and Culpepper, of Grandview, were added to read papers at the same meeting,

Dr. J. L. Wagley reported an interesting necroscopy in this way: A negro man named Ferguson had, last winter, an attack of pneumonia, from the result of which he died in July. I saw the case for the first time two weeks before his death. At that time he was laboring under great dispnœa, almost incessant cough, dullness over the left side of the chest, tenderness to pressure over the chest and epigastrium, prominence over the enciform cartilage of so decided a character as to induce me to believe that there was a purulent accumulation in the anterior mediastinum and to prepare for trephining the cavity; but the gravity of the symptoms forbade the operation at that time. Percussing the chest caused him to scream with pain; there was slight fever and much emaciation. I prescribed apyretics and alteratives with the ammonio-iodides in the lead, being satisfied there was effusion in both cavities of the chest. His death occurred in 12 hours after my visit. Permission was granted for only a partial

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post mortem examination. I found the mediastinum, heart and great blood vessels normal; the right pleural cavity free from fluid accumulation, but a number of adhesions existed between the surfaces, and three inches of hepatization in the lower border of the lung; left pleural cavity filled with serum, and no adhesion, but perfect collapse of the lung. The abdominal cavity was only partially explored. Found traces of hepatitis on the borders of the liver with adhesions to the stomach, and a low grade of peritonitis with thickening and induration of the mesentery, and bands of adhesion between the transverse colon and omentum. In other words, it was apparent that death was mainly caused by hepato-gastro-enteric lesions, notwithstanding the serious thoracic troubles manifested during life; and the history of pneumonia with dispnœa and constant and distressing cough thereafter, furnishes the main points of interest, namely: The multiplicity of expressions of disease exhibited by the chronic continuance of diseased conditions, as shown after death.

Dr. Wagley also reported a case of gunshot wound of the arm of a negro man, where the ball passed through the brachial artery, nerve and vein, and shattered the bone, but was not able to state more of the case as it was taken out of his care to a negro physician of Fort Worth, since which time he has not heard from the patient.

These cases were interestingly and courteously discussed by the members, and parallel cases were mentioned by several, but the principle in the discussion was in the treatment of accumulations of pus in the chest, whether to use disinfecting washes after the matter was let out. Drs. J. J. Williamson and T. C. Osborn defended the washing out as not only harmless, but actually necessary to hasten the cure, and they gave as an example the case of a man under their care where heated carbolized water was thrown freely into the cavity twice a day with a family syringe, and at every repetition the patient expressed decided relief.

On motion the meeting was adjourned until the 2nd Tuesday, the 13th day of September.

T. C. OSBORN, M. D., Secretary.

The Southeast Texas Medical Society met in regular session in Beaumont, Tex., on the 25th day of July, 1893. Vice-President Thompson took the chair, and J. Saunders was appointed Secretary pro tem. The Chairman announced that the election of officers would take place. Election resulted as follows: Presi-

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dent, A. N. Perkins, of Sabine Pass; First Vice-President, C. Y. Thompson, of Beaumont; Second Vice-President, T. B. Sellman, of Village Mills; Secretary and Treasurer, J. Saunders, of Orange. The Board of Censors to be appointed by President Perkins.

Dr. Price reported a case of villous growth with hypertrophy of the bladder, treated by suprapubic section and application of pyoktanin blue.

Dr. Sholars reported a case of obstructed bowels in a saw filer, whose alimentary canal contained large quantities of emery dust.

Dr. Thompson reported a case of compound fracture of skull involving duramater, treated by open wound dressing, with recovery.

On motion, the by-law making Beaumont the permanent place of meeting be changed at the next regular meeting so that it may include other places in southeast Texas.

Motion was made and carried that a general invitation be extended to the regular physicians of all southeast Texas, and each member of the society be requested to write to physicians and urge them to be present at our next meeting and become members.

After an interesting discussion of the cases reported, it was, on motion, ordered that the subject of bowel diseases of children be discussed at the next meeting of this Society, which will take place in Beaumont on the second Tuesday in October next, and that Dr. Seastrunk open the discussion.

The Austin County Medical Association was organized in Bellville, on July 18th last, with the following officers elected for one year: W. R. P. Thompson, of Nelsonville, President; M. DeCausey, of Sealy, Vice-President; A. H. Schenk, of Kenney, Secretary and Treasurer. It meets on the third Tuesday of each month, in Bellville.

A recent invention is that of an apparatus designed for registering rises in temperature. A small metallic bulb is half filled with ether and sealed by a corrugated cover. When the temperature rises, the ethereal vapor straightens out the corrugations of this cover, and is made to close an electric circuit which works a bell. It is suggested that such an apparatus be adjusted to the axilla of each patient in a hospital, and attached to a numbered bell in the intern's room, so that any sudden febrile access may be at once known.—*Ex.*

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EDITORIAL DEPARTMENT.

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S. E. HUDSON, M. D., Managing Editor.
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—o—

The JOURNAL is the official organ of the Austin District Medical Society, the West Texas District Medical Society and the Galveston County Medical Society.

AMICK.—When a man turns quack he turns quack all over. New converts shout loudest. Amick is trying to leave not a peg on which to hang a doubt that he is an out and out quack.

The JOURNAL was the very first to denounce his claims for his so-called "chemical cure for consumption" as rank quackery, and his method of geting it published in the *Lancet Clinic* as in keeping with the first principles of the born quack. It will be remembered that W. R. Amick was a reputable physician in Cincinnati, and was honored with a professorship in the Cincinnati College of Physicians and Surgeons. As such his writings for the *Lancet Clinic* were always acceptable, and his office being near by, the editors of the *Lancet Clinic* let him read proof often. He took advantage of this confidence to publish the first claims to having discovered an infallible *cure* for consumption, and brought great odium on that journal. A prominent physician in Cincinnati wrote us that our editorial, denouncing the publication and the whole thing, created a sensation in medical circles in that city, and that Amick would surely be turned out of the college. He was; and then it was, that like Rickard III, who said "since I cannot be a hero I will be a villain," he flew to the sheltering arms of quackdom, and determined to out quack the last mother's son of them.

His "chemical cure" was and is extensively advertised in the newspapers. At first the *medical journals* would not touch it,

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but the *Maryland Medical Journal* we believe, made the first break,—was tempted by the money there was in it,—and has been followed by several others, notably, recently, by the *St. Louis Weekly Medical Review*, owned and published by Chambers & Co., the prime movers now in a step to organize medical publishers for mutual benefit and protection,—as *we* thought, against just such imposition as this outrageously quack advertisement! These journals are thus helping Amick to foist his worthless stuff not only upon the people but upon the very profession which kicked him out as being unworthy of recognition; for he has the unparalleled assurance to announce that his medicines and fixtures,—his "chemical cure,"—his "constitutional drops" to put the constitution in order, his powders to "allay irritation,' his pills to "supply the lacking constituents," his *inhaler* (patented) to "soothe the bronchial irritation,"—the lay-out,—can only be had *through reputable physicians*, that he will send "any *reputable physician* enough chemical cure for a trial,"—as if "any reputable physician" in knowledge of the facts would touch him or his "cure" with a forty-foot pole. But there is where the trouble comes in. Many really respectable physicians have been *deceived* by his shrewd management and the co-operation of the *medical press* in part, and by newspaper reports,—into *ordering* his stuff; and it is for the purpose of warning our readers of these tricks this is written. His latest move is to manufacture reports of cures or procure them from the pliable, and have them inserted in newspapers all over the country as *Associated Press dispatches!* One appeared here in Austin, in the *Daily Statesman*, a report of some wonderful cure by some wonderful doctor, under the guise of a dispatch by the Associated Press, and an old editor long connected with the press of this city, informed us that the editor of the Statesman admitted to him that it was a *paid advertisement*, extra charge for the position given it in the telegraph columns. Comment would be superfluous.

THE "SORRY BIRD" OF HOT SPRINGS.

There is a homely old saying that "it is a sorry bird that befouls its own nest." It is a metaphor susceptible of wide application, and we do not remember ever to have seen it so aptly illustrated as in an editorial which recently appeared in the *Hot Springs Medical Journal.*

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The editorial "bird" has extensively "befouled" the medical nest, covered it all over with odium, and individually and collectively the birds of the nest are treated to a copious coat of "cussin'." If they are half as bad as they are painted by the editorial, no decent man could go in ten feet of one of them without holding his nose.

The editor says: " * * * doctors (?) are mean, and perhaps in no other profession does there lurk and skulk around more uncalled for, more childish, more cowardly hatred than in the profession that is supposed to battle in brotherly love and harmony for the general welfare of fellow man. A physician will sometimes listen to evil reports of a brother physician from the lowest source of gossip (for doctors are often thrown with the lowest classes) and will repeat it, much to the annoyance of the one maligned. When he finds what a wrong he has done by his tattling he hangs his head on meeting the injured man. This makes him feel his innate meanness, and somehow or other a bitter feeling springs up in his heart against his victim, which slowly but surely grows into hatred."

Whew! If such impression has been made upon the mind of the writer from his intercourse with and observation of the medical men of Hot Springs, he should have confined his remarks to Hot Springs. If the article were written by the senior editor, it is a most remarkable experience. He is a man who has been perhaps forty years in the practice and has always stood high. His associations, at least his opportunities for association and observation, have been with the better element of the profession and have not been confined to Hot Springs or to any one State or section, and, we say, if such has been his conviction, he must have had either a most remarkable and unfortunate experience or he has looked at things through a dense medium—a smoked glass as it were, or green glasses. That his experience has been unique we believe our readers will agree. It stands solitary and alone, unapproached by that of any one else. That it is greatly exaggerated, as the subject is seen from the standpoint of observation of the average practitioner, few will deny. For Texas, in the greater part (and we are personally acquainted in nearly every part of the State), we repudiate the assertions and the summing up. For Hot Springs, so far as our slight acquaintance with some two or three physicians whom, we always understood, were representatives of the Hot Springs profession, will warrant us in expressing an opinion, we repudiate it. Doctors

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do *not* "hate each other." Individual cases occur in nearly every community where jealousies exist, and perhaps some unkind words are said by one physician against another, but that "doctors hate each other," in the general application made by the editor, is demonstrably untrue. There is more of the milk of human kindness, more true charity in the well-bred physician than in any other class on earth.

The writer says: "A physician will sometimes listen to evil reports of a brother physician from the lowest source of gossip (for doctors are often thrown with the lowest classes) and will repeat it." That is a severe accusation and will not be endorsed, we believe, by any one who has had intercourse with the better element of the profession. No one worthy of the name "physician" would be guilty of such conduct; and for those calling themselves "physician," of whom that charge can be justly made, a good horse whipping is clearly indicated and ought to be administered. It would be hard to think of certain high minded and honorable men in the profession at Hot Springs in the same breath with such a charge. True, physicians *are* often "thrown with the lowest classes," but we have always understood that though his calling made it necessary to go amongst and minister to the sick amongst the vicious and depraved, he never descended necessarily to their level, or had aught in sympathy with them, except as to their suffering. The physician has also to go amongst filth, to put his hands into a gangrenous sore, but he is not thereby contaminated.

Our experience in several sections of country, in several states has been that, *as a class*, there is more friendship, charity and brotherly love, more disposition to screen from criticism a weak brother and to help him, than in most other professions. That social intercourse amongst them and their families has been pleasant and agreeable.

The *New York Medical Record*, commenting on this same editorial, says: "The measure of professional advance is pretty accurately determined by the amount of local quarreling. In proportion as the standard of mental and medical attainment increases, the small jealousies disappear." A sentiment we endorse. All is not gold that glitters. Every smooth-tongued and well-dressed scamp that calls himself "doctor" is not a physician, and we learn that Hot Springs is full of that sort; but the editor of the *Hot Springs Medical Journal* is not speaking alone of Hot Springs and makes no exceptions. His digestion must be out of

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gear. He is "bilious," and having a bad taste in his mouth he wants everybody else to have it. We repudiate his assertions and conscientiously defend the "nest" against such attempts to befoul it.

Medical News and Miscellany.

Dr. J. M. Gore has recently located at Alvord.

Dr. E. E. Johnson has located at Ladonia, Texas.

Dr. J. W. McLaughlin, of Austin, has gone to the Pan-American.

Dr. T. T. Jackson, graduate Texas Medical College last session, has located at Iredell, Texas.

Death of Mrs. Reuss.—Died at her home in Cuero, Texas, Saturday, Aug. 26, Mrs. Anna Gesiene Reuss, wife of Dr. J. M. Reuss, Sr., of Cuero.

Prof. Allen J. Smith, M. D., Texas Medical College, and Associate Editor TEXAS MEDICAL JOURNAL, attended the Pan-American Congress in Washington.

A citizen of Brooklyn has offered to undertake half the cost of a $100,000 building for the use of the various medical societies of that city, provided these societies will undertake the other half.—*Ex.*

Wanted.—Two copies each of the January and March numbers of *Daniel's Texas Medical Journal*, this series,—1893. A credit on subscription will be given if subscriber, or 25 cents in cash if not.

The Belgian Academy of Medicine has offered a prize of 4,000 francs ($800) for the best essay upon the pathology and treatment of epilepsy. Papers in competition must be presented before February 1, 1894.—*Ex.*

Dr. M. H. Oliver, of Ennis, Texas, one of the oldest members

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of the Texas State Medical Association, and for years known as the guardian of its portals as member of the Judicial Council, died suddenly at his home on the 5th inst.

Dr. Frances Van Gasken, a graduate of the Women's Medical College of Pennsylvania, has received the appointment of Assistant Health Inspector of Philadelphia. Dr. Van Gasken's old home is Luling, Texas, where her brother is practicing medicine and looking after the aqueous interests of the inhabitants.

Death of Mrs. Ellison.—Our friend, Dr. W. A. Ellison, of Manchaca, this county, had the misfortune to lose his wife on August 1st, ult. She died after a brief illness. She leaves three young children,—girls, aged seven, ten and twelve. The JOURNAL extends its cordial sympathy to the doctor in his bereavement.

Died.—In Cleburne, Texas, August 2, ult., Tiny Marguerite Wagley, daughter and only child of Doctor and Mrs. T. J. Wagley. She was born in Berlin, Germany, July 15, 1890, and was therefore just a little more than three years of age. The TEXAS MEDICAL JOURNAL extends sincerest sympathy to the bereaved parents.

Dr. T. J. Tyner and Mrs. Tyner left Austin Aug. 30 for Waukesha, where they spent a few days before going to Washington. Dr. Tyner will read a paper at the Pan-American Medical Congress and will, after adjournment of Congress, spend a month in traveling and resting, preparatory to resuming his practice at Austin.

Dr. H. W. Dudley, of Hillsboro, Texas, so well and favorably known throughout Texas as one of our ablest physicians, has removed to Hot Springs, Arkansas, in order to have a wider field. Dr. Dudley is a close student, and an ethical physician of twenty years experience. He for one will uphold "regular medicine" in the hot bed of quackery.

In the Quiz Class.—Prof. of Hygiene and State Med.—"What do you understand, Mr. Sporrer, by 'preventive medicine'?—give me an illustration."

Mr. Uppie T. Sporrer, of Texas.—"P-p-pr'ventive med'cin is —*er-rer*—med'cin what per-vents; like w-w-when un gives lead 'n opium f-f-fur the dier-ree! See?"

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Dr. M. D. Sterrett, of Beekville, Panola county, has just returned from a visit to his old home, in Mississippi, where he went, he says, for health and pleasure. The JOURNAL hopes he had, and will continue to have, a large share of both. We do not know a harder worked and working disciple of Æsculapius anywhere, or one who better deserves a rest, and "health and happiness."

Well, the great "International Health Conference" will take place at Chicago, 9th to 15th of October, proximo. It will be a joint session of the American Public Health Association and the Section on Hygiene and Public Health of the World's Congress Auxiliary. Dr. Swearingen will read a paper there which will "wake the natives" of our sister Republic to a realizing sense of their remissness in sanitary matters.

The Medico-Chirurgical Hospital, attached to the Medico-Chirurgical College of Philadelphia, received a grant of $100,000 from the last legislature of Pennsylvania. To the faculty of this, the youngest of the Philadelphia medical colleges, have been elected Dr. Seneca Egbert, to the chair of Hygiene, and Dr. J. Madison Taylor, to the chair of Diseases of Children. Both these gentlemen are graduates of the University of Pennsylvania.

Errata.—In our last issue an error occurred in the number of graduates at two of the medical colleges. The Medical Department, University of Tennessee (Nashwille Medical College), was put down at "14" when it should have been 114; and the number graduated from the Vanderbilt and University of Nashville was put down at "150" when it should have been 138. This is an unfortunate occurrence, one which we greatly regret. See mention elsewhere.

A Moderate Drinker. — When we examined Fritz for the Knights (Fritz is a big burley German who delivers Lemp's beer around town in kegs), we asked, "Do you drink habitually?" "Yes, beer." "Are you a moderate drinker or do you ever drink to excess?" "Oh, no, I drinks very little beer sometimes already." "About how much a day?" we asked. "Oh," said Fritz, "I don't know (reflecting a moment with his head down, evidently summing up the drinks he takes on his rounds with his customers), "It been about *forty schooners*, may be; I don't done drink more as dat any more."

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Dr. T. D. Wooten, President of the Board of Regents of the Texas University, returned on the 1st instant from his summer vacation in Colorado, much recuperated in strength. He will leave Austin on the 18th instant, with his family, for Chicago, thence to New York, where his sons, Joseph Wooten and Goodall Wooten, will matriculate at the College of Physicians and Surgeons for their third and last course of lectures, having attended two courses at the Texas Medical College (Medical Department University of Texas), at Galveston.

Tell the Doctor that if he is not a subscriber to the TEXAS MEDICAL JOURNAL he is missing a real heap of good things useful in his business or otherwise; it is great. If he does not subscribe he will not have good luck this year. All subscriptions sent in *now*, and up to December 1st with the cash, will be dated January 1, 1894, the issues from now to January being *thrown in*; lagniape. The price asked, $2, is so small, that once paid it will not be felt, sixteen cents a month; the price of *one cigar* every ten days, or three "beers" a month will pay it.

Dr. S. H. Stout, so long and so favorably known to the Texas profession, has removed from Cisco to Dallas. It will be remembered that Cisco was destroyed by a cyclone, and while Dr. Stout's residence was not destroyed, and his losses were slight, compared to others, his occupation was taken away, the town never recouped and, of course, practice was no longer remunerative. The JOURNAL commends Dr. Stout to the people of Dallas —the profession all know and appreciate his worth—as a physician of the highest order of ability, and a gentleman of true worth, deserving in every way of the most implicit confidence and esteem.

Two deaths from cholera occurred at Jersey City August 29th, officially reported by the Marine Hospital Surgeon at that point, created considerable excitement, but it has died out completely. Science is too much for cholera and yellow fever in America. Yellow fever tried to get in its work at three points this year. First, two deaths at Pensacola were reported; then Dr. Brenham, of the M. H. S., died at Brunswick, Ga.; later a "case" on the dock at Tampa, Fla., was telegraphed to all health officers, but the "case" turned out to be a false alarm. It is strange the M. H. S. will send a young and inexperienced surgeon like Dr. Brenham into yellow fever, when they have so many veterans available, who being "acclimated," run no risk.

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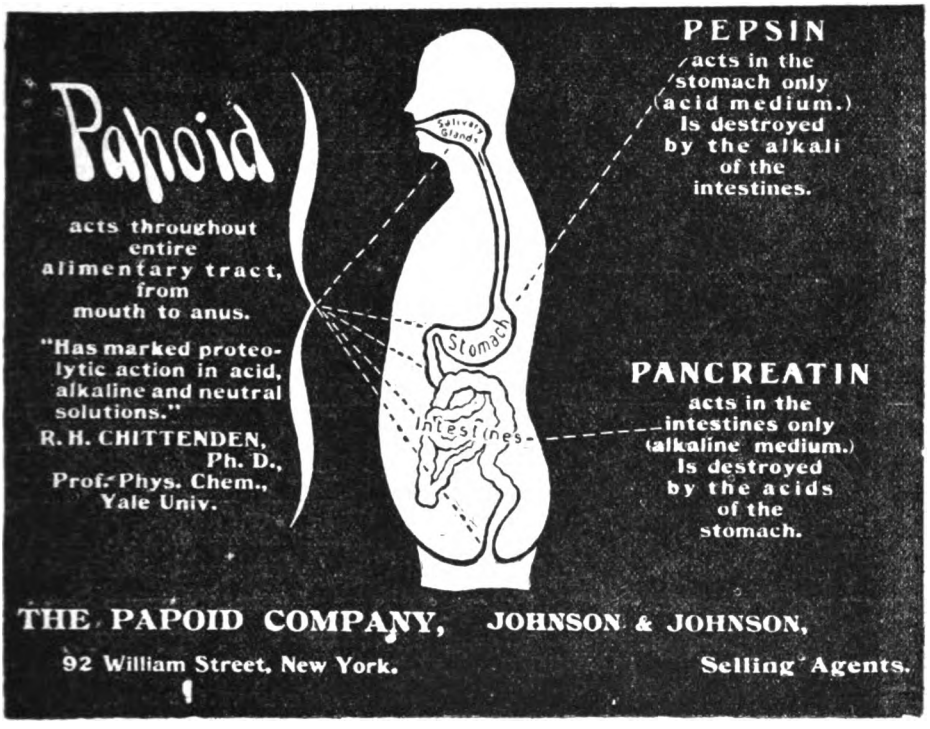
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Prof. James Kennedy, M. D., Ph. G.—The Board of Regents University of Texas, held a meeting in Austin, September 4th, for the transaction of general business pertaining the opening of the session of the University, and to select a Professor of Pharmacy for that chair, recently created in the Faculty of the Medical Department. Dr. James Kennedy, of San Antonio, was chosen, there being, we are informed, fifty odd applications; one from a gentleman who has been Lecturer on Pharmacy in a Baltimore Medical College. The election of Dr. Kennedy is a high compliment, worthily bestowed. We doubt if he has a superior as a Pharmacist anywhere, and having an easy flow of language and an impressive manner, he will make a good teacher.

Death of Dr. Styles, Jr.—Died at his residence in Stephensville, Texas, July 16th, 1893, Thomas Wright Styles, aged thirty five years and one week. Dr. Styles was born in Laurens District, S. C., where his ancestors had lived from the earliest history of the State, and where his grandfather, Gen. Thomas Wright, was an influential citizen.

In 1866, his father, Dr. Samuel Farrow Styles, moved his family to Washington county, Texas, where they have resided up to the present time.

In 1878, Wright Styles graduated from Baylor University, Texas, with distinguished honors. He then prosecuted the study of medicine with his father until his matriculation in Tulane Medical University in New Orleans, whence he graduated with distinction in 1882.

The Old Man Was All Right.—You know an Englishman can not see a joke. When Mark Twain's inimitable mock lament over the tomb of Adams was read to an English lord, as a fine specimen of American humor, the Britisher didn't "crack a smile," but looking as sober as a judge said, that was not humor, it was a lie. Dr. C. U. Later tells us of his trying to play off an old "gag" on an Englishman, a physician of his acqaintance. The Englishman had an obstetrical case—tedious labor—in which both mother and child were lost. Dr. Later said, "Well, I hope you'll be able to save the old man at least." Whereupon the other looked at him in wide-eyed astonishment and said, "Why, there's nothing the matter with the old man; the old man is all right." Later went out and kicked himself.

Surgical Instruments.—A recent number of Meyer Bros. & Co.'s St. Louis *Drug Magazine* states that the Fort Worth Pharmacy Company, of Fort Worth, carries the largest stock of Sur-

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gical Instruments and mechanical curative devices in the South west. We are personally acquainted with these people and have a correct knowledge of their stock, fully endorse the above, and will further say, their prices we know to be as low as any of the Eastern houses, and that they are now giving good satisfaction to five hundred Texas doctors whom they number as their patrons. A year ago we asked the profession to aid us in building up this house—a home institution—where orders could be promptly filled and delivered. We have now to say that satisfactory results are being obtained. The Fort Worth Pharmacy Company are also agents for three manufactories of electric Batteries and two manufactories of Physicians' Chairs. Write to them for what you may want.

Dr. T. J. Bennett, Managing Editor and Publisher of the *Texas Sanitarian*, left Austin September 1st, for Washington, where he will attend, as delegate from the Texas State Medical Association, the Pan-American Medical Congress. Thence Dr. Bennett will go to Chicago, to see the sights, take in the hospitals, etc., spending two weeks there; thence he will go to New York and study medicine and surgery in the polyclinic and post-graduate colleges and the big hospitals. While in Washington Dr. Bennett will, of course, attend the meeting of Medical Editors, and will also attend and assist in organizing the Medical Publishers' Association, representing his own journal, the *Texas Sanitarian*, and by proxy, the TEXAS MEDICAL JOURNAL. The JOURNAL commends its colleague and contemporary to the brethren everywhere, as a gentleman in every way worthy of the highest esteem and confidence, and as a physician of eminent ability and professional standing.

Vnet.—It is well known that "animal spirits" find vent in overt acts,—they must be "worked off." The capers and frolics of young animals illustrate what we mean. A boy, for instance (as a type of young animal), would *burst* if he were compelled to sit still,—be perfectly quiet for any length of time; he is bound to give expression in acts to the exuberance of vital force animating him. We all remember the little fellow who got "awfully rested" at church. Likewise, one's "feelin's" must have vent also, sometimes. This takes the form of cuss words with the—indiscreet; with others, in slamming doors, stamping the feet; with some women, for instance, relief is found in tears. But,—there are some states which, so far as we have tried them, none of these remedies will relieve. The chestnut about the old fellow

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who, when asked why he didn't cuss, replied he couldn't do justice to the occasion, will be recalled.

Well—our printer;—he has made us say "old ancient" (see "Function of Pharmacist" in our August number), just as if there were or could be any *new* ancient or *young* ancient. We will take our affidavit that it was not in copy nor in proof. Just where he got "old"—unless out of his head, as Jack did the fiddle, and had wood enough for another—we don't know. Saw it only after JOURNAL was bound.

What would have been the use of killing the printer, or of cussin'? Neither one would have kept the *New York Medical Record* from twitting us about it. Well, let 'em. Smart Alecks always notice such little mishaps, and pretend to think our editor doesn't know any better. But in the same issue there was a typographical error much more exasperating: it would justify "cussin'" and killing the whole printing establishment. It was in giving the graduates at the several Southern medical colleges —taken (reprint) from an exchange;—the printer, not we, only credited 14 to the Medical Department of the University Tennessee, when it should have been 114. We make our sincerest apologies, and if Bro. Eve says so, we will go at once and kill the printer. There, we feel better. We have worked off some of our indignation, but can't do full justice to the subject.

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Publishers' Notes.

Andunea.—Dr. C. O. Bryan, Thomas, Texas: "I have used your Andunea for nervous headache accompanying dysmenorrhœa, with very gratifying results; also find it an excellent febrifuge in malarial fevers."

The McIntosh Natural Uterine Supporter is probably better known and more used than any other; its reputation is world wide. The company have an ad. in this issue, and we ask attention to it. Write for catalogue and mention the JOURNAL.

The Women's Medical College of Cincinnati, O., has an announcement in this issue, to which attention is directed. Dr. Fitzpatrick the Dean, will take pleasure in corresponding with any lady in Texas who desires imformation concerning the College with a view of studying. This field for women offers many inducements. Mention the JOURNAL.

The advertisement of Sennine, "the new American antiseptic" appears for the first time in this issue. A product of phenol and boracic acid, the two best germicides known—in powder form (2 oz. tin boxes with inner top perforated convenient in applying on the wound surface) and readily soluble, five parts of the Sennine disolved in 100 parts of water. Comparatively inexpensive—non-poisonous and free from disgusting odor—safe internally as well as externally, thus promising much in general medicine as well as in surgery. We bespeak an early trial of Sennine by our patrons. Free sample sent upon application to the Dios Chemical Co., St. Louis, Mo.

Almost invariably diseases incident to summer are produced from digestive derangements, and as a result are followed by emaciation. The fault at first lays with the peptic glands of the stomach which become dormant, perhaps, from drinking large quantities between meals. A rare combination of digestive, reconstructive, and alterative properties, which fully meets these indications, is found in Codliver-glycerine; besides it can be given with other indicated remedies. The *modus operandi* of Codliver-glycerine as a digestive, is peculiar to itself, and possessed by no other remedy, viz: It extracts the natural peptones from the dormant peptic glands of the stomach, and compels each stomach to digest its own food in the natural manner. This extracting of the peptones (like extracting milk from a cow's udder) stimulates renewed secretion, and in a short time the dormant peptic glands are active and healthy, and your patient is well. Whereas, if you use pepsin, the dormant peptic glands remain dormant, and in time become atrophied and are lost to the economy; besides it is hard to believe that God in his wisdom ever intended that human food should be digested by hog pepsin.—*J. E. Chambers, M. D. St. Louis.*

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THIRD SESSION, 1893-94.

SCHOOL of PHARMACY,

FIRST SESSION, 1893-94.

Medical Department, University of Texas,

GALVESTON, TEXAS.

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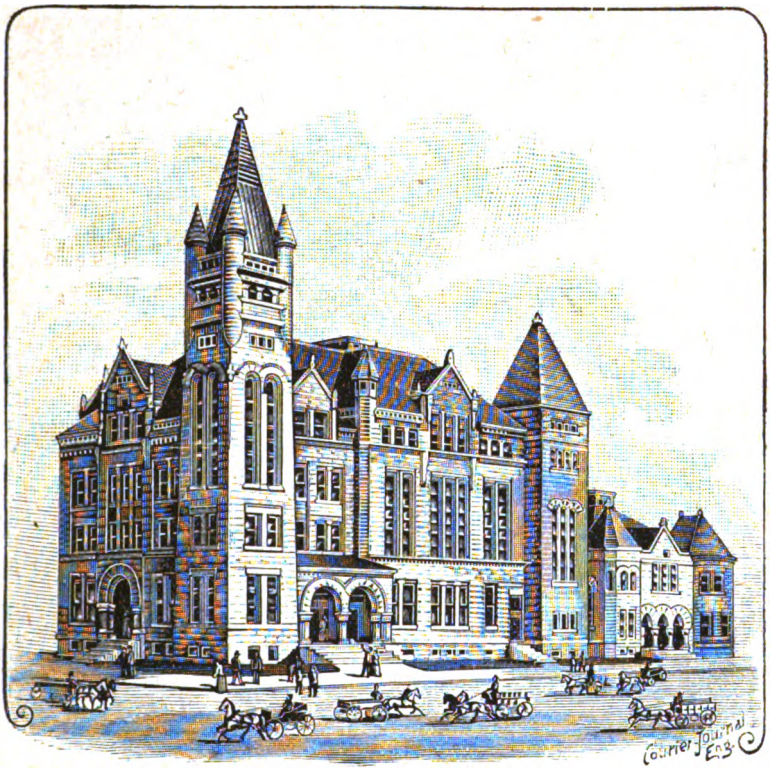
The next Session will begin Sept. 11th, 1893, and terminate the first week in March 1894.



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W. H. GALT, M. D., Professor of Principles and Practice of Medicine and Hygiene. 1207 Brook St.

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SAM COCHRAN, M. D., Professor of Physiology. 2103 West Walnut Street.

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FACULTY.

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THE Regular Course of Instruction in the Medical Department of the University of Nashville and Vanderbilt University will commence on Monday the 2nd day of October next, and end on the first Thursday in April, 1894, which is Commencement Day.

The Preliminary Course of Instruction will begin on Monday, the 4th day of September, and will be free to all who matriculate for the Regular Course.

The Anatomical Rooms and the Laboratories will be open at the same time. Material for dissection will be promptly supplied.

All communications asking for information should be addressed to

W. G. EWING, M. D., Secretary,

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MEMPHIS, TENN.

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W. B. ROGERS, M. D., Professor of Principles and Practice of Surgery, and Clinical Surgery.
R. B. MAURY, M. D., Professor of Diseases of Women.
ALEXANDER ERSKINE, M. D., Professor of Obstetrics and Diseases of Children.
T. J. CROFFORD, M. D., Professor of Physiology, and Gynecologist to St. Joseph's Hospital.
B. C. HENNING, M. D., Professor of Materia Medica and Therapeutics, Clinical Professor of Diseases of the Rectum.
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D. D. SAUNDERS, M. D., Professor of Clinical Medicine, Physical Diagnosis and Diseases of the Chest.
B. FRANK TURNER, M. D., Professor of Chemistry, Pharmacy, Toxicology and Forensic Medicine.

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A. B. HOLDER, M. D., Assistant to the Chair of the Principles and Practice of Surgery and Clinical Surgery.
J. L. MINOR, M. D., Assistant to the Chair of Diseases of Eye, Ear, and Throat.
W. W. TAYLOR, M. D., Assistant to the Chair of Obstetrics and Diseases of Children.
JOHN M. MAURY, M. D., Assistant to the Chair of Diseases of Women.
MATT DEPASS, M. D., Assistant to the Chair of Clinical Medicine, Physical Diagnosis and Diseases of the Chest.
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Each member of the Faculty occupies a part of his hour in reviewing the previous lecture, by quizzing the class; in addition to this, FREE quizzes are begun early in the Session on all branches taught in the school. This valuable method of impressing the lessons of each lecture indelibly upon the minds of students will be conducted by Special Instructors.

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The College Building is immediately opposite the City Hospital, where

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Students may, after matriculating, attend any one or more of the courses of lectures, as they may elect, by paying $10.00 for each ticket. Graduates of other recognized Medical Colleges, are required to matriculate only.

For Catalogues and further information, address

F. L. SIM, M. D., Dean of the Faculty.
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OF THE

TULANE UNIVERSITY OF LOUISIANA.

(Formerly 1847-1884 The University of Louisiana.)

Founded in 1834, this is the oldest Medical College in the Southwest, has 3080 graduates, and had at the last session 420 students.

The next session, the SIXTIETH, will begin Thursday, October the 19th, 1893, and will close Wednesday, April 18th, 1894.

The corps of teachers—Professors, Lecturers, Instructors, Demonstrators and Chiefs of Clinic—number more than thirty.

In October, 1893, the College will occupy a very large and commodious new building, which will provide all of the many requisites for modern medical education, including especially ample and well equipped Laboratories for Chemistry; for Pharmacy; for Practical Anatomy; for Microscopical Anatomy, Pathology, and Bacteriology; and working rooms for Practical Physiology, and for Gross Pathological Anatomy. These admirable Laboratories, now added to the unrivaled practical advantages for Clinical, Anatomical and Pathological studies given by the great Charity Hospital, will enable the Medical Department now to provide its Students with unsurpassed advantages for their medical education.

Special attention is called to the superior opportunities given for

CLINICAL INSTRUCTION.

The Professors of the Medical Department are given, by law, the use of the great Charity Hospital as a school of practical instruction, and medical students are admitted without payment of any hospital fees. The Charity Hospital contains seven hundred beds, the number of patients annually admitted exceed eight thousand and the number of visiting patients varies from twelve to fourteen thousand. Its advantages for practical study, and especially of the diseases of the South-West and of the negro race, are unequalled by any similar institution in this country. The Medical, Surgical and Obstetrical Wards are visited daily by the respective professors and instructors, and all students are expected to attend and to familiarize themselves *at the bedside of the patients*, with the diagnosis and treatment of all forms of diseases and injuries. The facilities for *genuine* clinical teaching are unsurpassed by those of any Medical College in the United States.

Students who have attended one session in a reputable medical college, prior to September 1st, 1893, may be graduated after two full courses and the payment of former fees; but all students who may attend their first course after September 1st, 1893, will be required to give evidence of educational qualification and to attend at least three annual sessions prior to graduation, as will also be required by all reputable Medical Colleges in the United States and will be charged as follows;

FEES FOR FIRST COURSE OF 1893-4, TAKING THREE FULL COURSES.

	1ST YEAR	2D YEAR	3D YEAR
Matriculation Fee	$ 5 00	$ 5 00	$ 5 00
Professors and Instructors	120 00	120 00	120 00
Laboratory of Practical Anatomy	10 00	10 00	.....
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Totals	$ 150 00	$ 150 00	$ 165 00

Total $465 for three full courses instead of $335 as heretofore, for two full courses. All fees are payable in advance. These fees are as low as are compatible with the *superior advantages given*.

Students and Graduates may select such special branches or partial courses as each may desire.

Graduates and Students of this College, who have paid for all courses required, can continue to attend without payment of the $120 for the professors' ticket.

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* *To be filled.*

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The Session of 1893-94 will Begin Monday, Oct. 2, 1893.

Preliminary Term will begin Monday, Sept. 4, 1893.

FOR PARTICALARS, ADDRESS,

DUNCAN EVE, A. M., M. D., DEAN.

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Missouri Dental College.

Department of Washington University, St. Louis, Mo.

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Attendance upon three full annual courses is required of all candidates for a degree.

The courses of study are graded and include systematic work in the laboratories aud clinics by every student.

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SESSION 1893-4.

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DISEASES OF CHILDREN—L. Emmett Holt, M. D., August Seibert, M. D.
DISEASES OF THE SKIN—A. R. ROBINSON, M. D., Edward B. Bronson, M. D.
NERVOUS DISEASES—Landon Carter Gray, M. D., B. Sachs, M. D.
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For Texas Medical Journal.

A CASE OF TUBERCULAR MENINGITIS.

BY ALLEN J. SMITH, M. D., GALVESTON,
Professor of Pathology and Lecturer on Mental and Nervous Diseases in the Medical Department of the University of Texas, Galveston.

ALTHOUGH as an affection of early life tubercular meningitis is not uncommon, it is a comparatively infrequent form of tuberculosis in the adult; and this circumstance has suggested the propriety of recording the following case. In children tubercular meningeal invasion is, after glandular tuberculosis, one of the most common varieties of the disease; but in the adult it becomes much less frequent in proportion to tuberculosis of other portions of the body. It by no means follows in the adult, just as it does not follow in the child, that there should exist an advanced grade of tuberculosis elsewhere to cause secondary meningeal invasion. On the contrary, the clinical rule seems to be that tubercular meningitis occurs in individuals with comparatively slight tubercular processes in other parts of the body. The path of transmission of the tubercular virus to the contents of the skull cavity is the arterial stream, the currents of venous blood and lymph having the opposite direction of flow and convection. The involvement of the membranes or of the brain substance is therefore often part of a general tubercular disease; and many of the symptoms of acute general miliary tuberculosis are to be regarded as dependent upon the involvement of these parts of

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the general nervous system. The localized partial palsies often met in tubercular individuals, involving some group of muscles here or there on one side of the body, perhaps in the limb or in the arm, are sometimes at least due to aneurismal formation in the small arteries of the brain substance or to tubercular masses along the walls of these vessels; but may also depend upon localized meningitis with cortical invasion. Such processes are part of a much more chronic course of the affection, however, as a rule, than is to be expected in acute general tuberculosis; and are moreover more slow than the ordinary form of tubercular meningitis, so frequently fatal, into which these localized involvements may merge. There is no definite circumstance which may be recognized as determining in what case of tuberculosis there will or will not develop a secondary tubercular meningitis; but it is not improbable that a hereditary tendency exists, inasmuch as the condition has frequently been encountered in several instances in the same family. This fact is illustrated in the following instance, which in many points is an excellent example of the symptomatology of the affection.

J. A., a white male, aged about twenty-seven years, unmarried, a student of medicine, a native of Texas, came to the writer for a diagnosis of his condition in January of the present year. He was one of four children, two of whom were dead, one from violence, the other from tubercular meningitis. His father had died from an obscure cardiac affection in old age, and his mother from an unknown cause during his childhood. He had passed through childhood without serious illness, had had several attacks of malarial fever during his youth; and about five or six years ago had had a rectal fistula, which, after operation, healed readily. About the same time he had a persistent cough and had lost flesh, but these symptoms disappeared without special treatment other than a prolonged sojourn in the country after the relief from the rectal fistula. When the patient came under observation he stated that for several months he had experienced from time to time a pleuritic-likepain in the right hypochondrium and axillary region, had a dry, irritative cough, and for some weeks had been losing flesh and color. He had been very irregular in his diet for some months and his appetite was capricious. No organic disease was detected other than a decided thickening of the pleura in the lower portion of the right side of the chest, most marked in the axillary line and extending up to about the seventh or eighth rib in this region. There was a

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certain amount of pulmonary infiltration, and some catarrhal involvement of the bronchial tubes. The entire right lung at this time, and the upper portion of the left lung as well, had an altered respiratory rhythm, expiration being prolonged and inspiration occasionally "catchy." No bacilli were detected in the sputum on careful examination. The patient had been taking capsules of creasote and morrhuol by the advice of another physician he had consulted, and he was urged to pay attention to his dietary, proper suggestions being made in that direction. Cod liver oil and whisky were advised, with counter-irritation over the pleuritic area; and a stomachic tonic was prescribed. Little or no change, save the appearance of a similar pleuritic patch over the lower portion of the left lung anteriorly, and the natural increase in extent and definiteness of the signs in the right side, was to be noted in the next three months. During this time he had made several visits to his home in the interior of the State, and at first for a time was apparently benefited. He became imbued, however, with the idea that a hectic fever, which appeared about the end of February, was due to some hepatic disorder, and while in the country began a systematic and persistent dosage of himself with calomel, salts, podophyllin and similar remedies. He was examined several times by the writer after January, and each time was advised to carry out energetically anti-tubercular measures, and was assured of the integrity of the liver. He persisted, however, in his belief in the existence of an hepatic affection and doubted the serious disease of the lungs, meantime continuing to physic himself and irritate his alimentary canal by violent purgatives. The man was of a highly neurotic family, and was naturally of a hypochondriacal nature, a tendency which easily became intensified by his medical studies and which during his illness was a conspicuous element.

In May, about four weeks after the last examination, Mr. A. followed the writer to Southwestern Texas, near San Antonio, a district well known for the dryness and purity of its atmosphere. Examination of the chest at this time revealed decided involvement of both lungs; and the cough, now violent and frequent in the morning and evening, was beginning to be fruitful. The patient was at once placed upon the fullest dietary, cod liver oil, iron, quinine and strychnine administered, the chest was freely painted with iodine, and for a few days there was an apparent improvement. The patient was highly hysterical by this time,

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from the intensity of his hypochondriasis; was fearful of death, yet refused to accept the existence of tuberculosis, and secretly administered calomel and podophyllin "to act on his liver." A week after coming into the Southwestern district he spat up several mouthfuls of blood after coughing, and from the moment of the appearance of the first blood apparently lost all hope of his recovery. He at once went to bed, where he lay, in a more or less apathetic condition, for more than a week, only aroused to interest by conversation upon his own condition, or upon some topic connected with certain stirring episodes in his past life. Now for the first time appeared the signs of the meningitis, at first unappreciated and confused with the hypochondriacal symptoms which had been present for the greater part of his illness. He began to complain of headache of general distribution, unaffected by medication, and rapidly growing worse, so as to keep him awake much of the night. The fever, which had previously been usually perceptible only in the afternoon and evening, became more or less constant, ranging from 100° F. to 102.5° F. Vomiting became a prominent symptom, occurring at almost any time, but almost uniformly after the patient had eaten. These symptoms were interpreted by the patient as evidence of the correctness of his view of implication of the liver, and he redoubled his efforts at purgation, only succeeding in rendering the stomach and intestines irritated, and in reducing his already diminished flesh and strength. The headache increased in severity, and became localized in its intensity in the back part of the head.

The patient, in the third week after coming under constant care, and about eight days after the first appearance of meningeal symptoms, began to exhibit a tendency to retraction of the head, and manifested an ataxic aphasia. This aphasia was not constant, however, at first, and could be suspended by will of the patient, or would apparently spontaneously disappear when the patient's interest could be aroused to a conversation. The cardiac rate at this peroid diminished in rapidity, the beats dropping from an increased rate of 80 per minute to less than 60, and sometimes less than 50, per minute. The senses of sight and hearing were but little affected, but to a slight degree the eyes became impatient of bright light, and the ears of shrill sounds. A tremor quite like that met with in delirium tremens, became manifest, and persisted to the end of the case.

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These symptoms, headache, vomiting, retraction of the head, aphasia, cardiac inhibition, irritability of the organs of sight and hearing, with the restlessness, insomnia, disturbed, dreamful sleep, and tremor, mark the first period in the course of the disease, that of cerebral irritation. During this period, there occurred at several times, symptoms of collapse, relieved after vomiting, during which the fear of impending death was most distressing and alarming to the patient. The bowels were confined, except wnen moved by purgative medicines. The symptoms of this period, quite clear in the light of the subsequent course, were not appreciated at the time, being confused with the many and very pronounced signs of hysteria. This period of irritation may be said to have lasted in its intensity about eight days, or about sixteen or eighteen from the time when recognizable symptoms first manifested themselves. Its inception was by no means clearly defined, the malaise, the tired, unrested feeling, the tendency to prostration, of the primary affection gradually merging into the stage which exhibited a definite symptomatology. Toward the close of this period the symptoms were very pronounced, and the diagnosis of meningeal invasion was seriously entertained, although not positively, because of the fear of confusion with the hysteria, which had so decidedly shown after the hemorrhage. The ability of the patient to overcome his ataxic speech, the patient's exaggeration of his inability to sleep and to eat, his detected habit of secretly administering purgatives to himself, his apparent magnification of comparatively slight symptoms, all tended to obstruct the clearer judgment of the case; and it was only when this period of irritation was at its greatest intensity and was being succeeded by the stage of depression, the so-called "paralytic" stage, that the patient's condition was fully realized. The restlessness and sleeplessness were succeeded by drowsiness. The patient slept the greater part of the time, but his sleep was ever harassed by dreams. One persistent dream complained of was that the patient was the owner of a herd of black ponies, which he was training for the purpose of placing them upon the market. Sometimes the idea about these ponies occurred to him in his waking moments, as delusions. His headache, so intense in the last days of the period of irritation that the patient tossed about on his bed and rolled his head from side to side, often drawing his face into an apparently involuntary grimace, gradually subsided, only a dull, general pain in the head remaining. The retraction

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of the head became more marked, and the nuchal muscles became sore and painful. The drowsiness became more and more decided, and even when awake he seemed to be in a daze. His mentality gradually showed impairment. He frequently would converse with some absent acquaintance, and suddenly arouse to the knowledge that there was no one present. He had hallucinations of hearing, and was the subject of mild depressive, persecutory delusions. On several occasions he seemed to have suicidal tendencies, and a watch was systematically kept over his actions. His movements became slow, and often purposeless. Gradually, in his worse moments, in addition to the aphasia, his language became disconnected, and his ideas incoherent.

Yet, at any time, if thoroughly aroused from his dazed, stupid state, he was able to intelligently and correctly answer inquiries. Often his sentences, badly articulated, would be left unfinished, and in the midst of an answer to some query, he would stop and stare vacantly into space. The same incoherence and lack of sequence could be noted in a few letters he attempted to write, the tremulousness of his hand rendering the chirography, moreover, almost illegible. At times he would talk to himself for ten or fifteen minutes, or longer, without any apparent appreciation of his surroundings. His habits of neatness became neglected; he would dress himself, leaving the clothes unbuttoned, and the shoes unlatched. At the table, while his appetite improved, he became careless and untidy. He was exceedingly forgetful; he would sit looking blankly at a letter, which he might have read in a few moments when in health, for half an hour or more, and in the end would fail to give a connected account of its contents. His volition, as well as the other mental faculties, suffered, and in the end he depended almost entirely upon the will of others to guide his actions. Along with these changes there progressed rapidly a loss of motor power; and after three or four days, from the commencement of the depressive stage, he was unable to move about his room without aid. He rapidly lost flesh as well. There were no appreciable focal symptoms other than the alteration of speech; and at no time, while under observation, were there any distinct palsies. In this condition the patient was sent to his home to die, the termination coming on four days later, or about eight or nine days from the beginning of the depressive stage, and about three weeks, or slightly more, from the time of the first symptom-manifestation of the meningeal trouble. The symptoms immediately preced-

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ing his death were, as related to the writer, but an intensification of those narrated above. The stupor became more and more pronounced, and the last two days of his life the patient was comatose. The cephalalgia persisted, and even in his unconscious moments the patient would pass his hand tremulously to his head, as if in pain. Death occurred finally from cardiac failure.

During the course of the meningeal affection, there was a notable abatement of the pulmonary symptoms. The cough and expectoration became very much diminished, and the physical signs of the catarrhal involvement of the bronchial mucous membrane were decidedly improved. To a certain extent, it is likely that the appreciation of the bronchial irritation was dulled by the nervous condition; but the fuller and slower respirations, which were present after the meningitis became pronounced, and the absence of cough, could scarcely have been due to this fact entirely, especially when one recalls the improvement in the physical signs. During the depressive stage the nausea and vomiting, which had been so severe at first, were much relieved; and in spite of his condition, until he left Southwest Texas, the patient ate with apparent relish. His bowels, during this same period, were confined, the patient having but one or two movements. The slowness of the cardiac beat, which was so well marked in the former stage, was not present with uniformity after the period of depression had set in, intervals of increase of frequency appearing irregularly. As long as he was under the writer's observation, there was no inability to attend to his private functions. The urine was free and uniformly of a high color and strong odor. The symptoms of the second stage may thus be briefly stated in resumé in contrast with those of the period of the meningeal irritation: headache, of a less severe and duller character, but quite as persistent as in the first stage; drowsiness, stupor, and eventually coma, replacing the restlessness of the first stage; failure of all the mental powers, gradually, but to an advanced degree; cessation of vomiting, and the appearance of tachycardia; rapid and marked loss of strength and flesh.

It is usual to add a third stage to the two described, that of intracranial pressure, placed between the stages of irritation and depression. In this case the last named stage would, however, embrace only the last few hours of life, those of profound coma, and it has seemed best, therefore, to separate the course into

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only two stages, irritative and despressive. It is difficult to realize why a division of what is pathologically but a single stage should be made, the later phenomena of the course being but the natural development from an intensification of the intracranial pressure and degenerative changes which are responsible for all the symptoms following those of the irritative period.

No autopsy was performed in the above instance.

For Texas Medical Journal.

CONGENITAL ANCHYLOSIS OF SIXTEEN JOINTS. ROPORT OF A CASE.

BY SAMUEL E. MILLIKEN, M. D.,
Lecturer on Surgery in the New York Polyclinic.

ANCHYLOSIS of joints may follow any of the inflammatory affections, whether of the synovial membrane, the ends of the bones or the peri articular structures. The case under consideration has been titled congenital, and I think the history and condition will bear me out in that diagnosis. The patient, a female of 10 months, was referred to me by Dr. S. B. Minden, the mother stating that she had accidentally detected a stiffness of the joints of the fingers of both hands when the child was two months of age, but as no pain was complained of, and the health otherwise good, not until now did she consult a physician. My first examination was on June 4, 1893, and was as follows: All the second phalangeal articulations of both hands and feet were almost completely anchylosed, except the thumbs and great toes. Only two of the fingers had any motion at all and that was slight. No unnatural enlargement of the joints could be made out and the movements of the first and third joints were perfect. The fingers and toes were straight with one exception, and that finger varied less than five degrees from the rest. The peculiar feature of the case is that only the second phalangeal articulations should be involved, the thumbs and great toes not being affected. The last may possibly be explained owing to the fact that no middle phalangeal joint exists in these members. I have begun manipulating the joints that manifest any degree of motion with the hope of increasing the same. The case is reported at present because of its uniqueness, as I have not been able to find recorded anything similar.

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For Texas Medical Journal.

TEACHING ANATOMY IN MEDICAL SCHOOLS.

BY B. T. FLAVIN, M. D.,
(Demonstrator of Anatomy, Medical Department, University of Texas.)

[Read before Galveston County Medical Society, May, 1893.]

"A GOOD anatomist is a poor surgeon, or at least a very timid one." What student or graduate in medicine has not heard this oft-repeated saying, this weighty wisdom-laden dictum, this thrice-welcome solace of sluggard students, this *refugium asinorum medicarum*, this silly superficial apology of superficial and incompetent teachers of anatomy? "Too much learning will bring a man to the gallows" was the sapient remark with which a schoolmate of mine in the days of my boyhood persuaded his "gran'daddy" to withdraw him from school after he had learned what were then known as "vulgar fractions" and "double rule of three." I do not know whether the remark which won my schoolmate his freedom was original with him, but I do know that the saying about the good anatomist being a poor surgeon has been very generally attributed to Billroth of Vienna—by way, I suppose, of making it respectable. Whether the saying be of respectable origin or not, there is no denying the fact that in many medical schools of the South and West it is highly and in all but universally respected. Both through students and graduates from those schools and through reports direct and indirect of one another, the fact has been well ascertained that students in these schools receive such a training in anatomical work as should make them, on the reputed authority of Billroth, not geniuses, but veritable genii of the surgeon's saw and scalpel.

To advance an argument against this chosen motto of the citadels of small knowledge would be an insult to the intelligence of any doctor of medicine who did not purchase his diploma at a job printing office, or who did not get it from a school where the good surgeons are the poor anatomists, and vice versa; yet, for the benefit of young aspirants whose untrained minds are as readily impressed by plausible falsehood as by wholesome truth, I would point out that if there be such a thing as a good surgeon whose knowledge of anatomy is very limited, that surgeon would surely be a better one if his knowledge of anatomy

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were more certain and extensive. As to the timidity which might result from sound anatomical knowledge, it is comparable to the timidity which differentiates the sea-captain who knows the exact location of the rocks and shoals that lie in his course from the heroic sea-dog who knows not and recks not whetner the bed of the sea on which he is sailing is twenty feet or twenty fathoms down. Let the young student ask himself with which captain he would prefer to risk his own life; or again, other things being equal, into which surgeon's hands he would prefer to fall in case of need, the surgeon who knew anatomy or the surgeon who didn't. The truth is, it is not knowledge that is timid, but ignorance that is audacious. "The fool will rush where the angel fears to tread."

"You may know Gray from cover to cover, and yet not know anatomy;" this was the first startling pronouncement that I heard from the eminent anatomist whose assistant I have the honor and good fortune to be. * Had my previous experience been other than it was, I should at once have discounted a statement so sweeping as an overflow from the exuberance of an enthusiastic anatomist. My experience being what it was, however, the mere statement, pregnant with the force and boldness of incontrovertible truth, sufficed without one moment's consideration to flash its full significance on my mind, and to imprint thereupon a biding conviction. For three years previously I had grubbed and garnered all through the pages of Gray, once, twice, three times, but all to no purpose. Those who were then my fellow students, and who were afterwards my fellow graduates,† can bear witness to the fact that to-day, so to speak, after last nights's study of some special region, I would be a perfect cornucopia of anatomical facts, yet within one short week I was sure to be a blank. The next region I studied effaced all trace of the preceding one, and that in its turn gave way to what followed.‡ The anatomy of the leg was unemonically [?] incompatible with that of the arm, while the anatomy of the head and neck could not brook the society of either. (I am speaking now

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*[Prof. Wm. Keiller, M. D., Edinburgh, Professor of Anatomy, Medical Department, University of Texas.—ED.]

†[In class of 1891-2, Medical Department, University of Texas.—ED.]

‡Or to quote "Dombey & Son" with regard to little Paul at Dr. Plimmer's, "Didn't know whether twenty Romuluses made one Remus, or whether hic hæc hoc was avoirdupoise or troy weight.—ED.]

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of course of anatomy learned from the text-book alone, for owing to special circumstances at the time of my opportunities for dissecting were very limited.) So it was; I could commit to memory and rattle off, but I could not retain; and I have no fear of being confronted with the suggestion that my case might have been in any way exceptional.

The worst of it was that what I did retain availed me nothing; for in presence of the cadaver it all became the sport of a demon of perversity. Everything in the text-book diagrams stood out so clearly and distinctly and kept its place in such an orderly and obliging way that one could not help feeling that fate was against him when the confounded cadaver would maliciously get everything jumbled and indistinct, needlessly mystifying what might just as well have been as simple and well-adjusted as the layers of a dissecting manikin.

How different the result when, with or without the help of the demonstrator, a structure was sought out and laid bare on the cadaver, and there studied with respect to form, action, or relation to other structures! Facts so mastered and appreciated left, not a mere fleeting picture as when studied from the text-book, and diagrams, but rather a clear, well-defined mental impression which, as a rule, was left to stay.

Such was my experience as a student of anatomy, and the lesson it teaches is very plain. To give that lesson adequate expression, I would say, first, that not all the text books that were ever written, and not all the diagrams that were ever traced, even by the wizard fingers of a Keiller, can impart any useful knowledge of anatomy without constant recourse to the *cadaver;* and, secondly, that upon the cadaver, properly dissected, a student may learn the whole of anatomy, even if there were not a single text book, or a single diagram, in the wide, wide world.

The question naturally suggests itself now, is there, then, no place for the text book and diagram in the study of anatomy? Are the universally-admired pages of Gray and of Quain, are the startlingly vivid diagrams of Keiller, to be relegated to the limbo of popular delusions? Not yet awhile, at least not till some enterprising and philanthropic firm brings out that long-felt want, a dissecting manikin, whose anatomy shall excel, in normality and accuracy, that of the most symmetrical and orthodox cadaver in existence, or in pickle. Till that happy day arrives, the text book will be studied both before the dissection and after; but the pleasure and profit derived from the two read-

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ings will differ as widely as the pleasure experienced by a hungry man, in poring over the pages of a cookery book, differs from that experienced by him in eating some of the good things for which the book gives standard recipes. As to the diagram, I would say, that if it be a really good one, its use is two-fold: first, for elucidation of the descriptive text, for without it the most lucid text is worthless; second, as the best substitute the dissector can have, when the professor, or demonstrator, is not at his elbow.

To sum up, then, the text book and diagram are useful only so far as they help in the work of dissection, or in refreshing the memory on what has already been properly dissected. Outside of this sphere they may serve to enable one to pass a written examination, but never a bit of real anatomy do they teach.

The text book, the diagram, the cadaver, but the greatest of these three is the cold, wet, "stiff."

Speaking of the "stiff" reminds me of another feature of this question which, though not an active instrumentality in teaching, has yet much to do with success or failure in study. I refer to the condition of the cadaver itself.

Dead men tell no tales, but under certain circumstances they may give rise to the most atrocious smells. What chance, what possibility is there for either teacher or student, to awaken or maintain enthusiasm when, at the very door of the dissecting room, a silent volley of olfactory villainy pours in upon the pigmented area of his Schneiderian membrane? No wonder the study of anatomy is unpopular and neglected in schools where the method of preserving bodies is a lost art, or was never known. No wonder that such graduates of those schools, as are old in prejudice as well as in years, scout the idea of an aseptic dissecting room, or even of one without an offensive odor. Not quite three months ago a somewhat irascible member of the profession almost clawed me for suggesting that such a thing was possible; and to-day, as Demonstrator of Anatomy in this college, I cannot help feeling a little resentment at recalling the fact that students of this school are prohibited from attending a certain class of surgical operations at the John Sealy Hospital if, on the morning of operation, they have previously entered the dissecting room of this building. A straw best shows how the wind blows, and straws of this kind merely serve for eloquent tell-tale evidence of days that, alas! are not yet wholly past, and experiences not yet

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quite forgotten. You may prate and preach about asepsis and antisepsis, but you will never fully realize what either means till you have examined dissected specimens which, for more than a year, have lain through all the heat, and damp, and fog, of our everchanging climate, on the dissecting tables of the Medical School of the University of Texas.

To end up with somewhat of a digression, I will say that, for my part, if I had to undergo a surgical operation, and other things being equal, I had to choose, for the securing of asepsis, or antisepsis, between the dissecting room of this building and the choicest ward of a hospital, I should prefer to have the operation done up there, where I take my daily luncheon, rather than in the atmosphere of disease germs which, from the very nature of the case, must always pervade a hospital that adequately performs its proper functions. I do not mean to say that such pathogenic germs, as may be conveyed in the atmosphere, can be kept out of a dissecting room any more than out of a hospital, but I do say most emphatically, that if there be anything, short of fire itself, more obnoxious than another to these germs, it must be the properly preserved cadaver, the very thing which is supposed to make the dissecting room essentially septic.

How people can deny this, and then pour their weak-tea solutions of germicides on a suppurating wound, in the hope of destroying pyogenic germs, or on a healthy wound, in the hope of preventing such germs from finding a lodgment, appears to me to be one of those absurd inconsistencies for which man is the most notorious animal. I have been cut with a dissecting knife; I have had various scratches, bruises, and slight lacerations on my hands since I became Demonstrator of Anatomy in this institution,* and I can truly say that, so far from healing by first or last intention, they absolutely healed without any "intention" at all. This was more than I could claim for at least ten years previously.

The moral of it all is that to flee for asepsis from a well-kept dissecting room to the best-kept hospital, is from the frying pan into the fire.

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* Prof. Keiller's plan of preserving cadavers was given in this JOURNAL in June, 1892, Vol. 7, No. 11, page 425.

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For Texas Medical Journal.

POLIO-MYELITIS.

A Clinical Lecture Delivered at the Arapahoe County Hospital, Colorado.

BY J. T. ESKRIDGE, M. D., DENVER, COLORADO,
Professor of Nervous and Mental Diseases in the Medical Department of the University of Colorado, Alienist and Neurologist to the Arapahoe Co., the St. Luke's and the Deaconess' Home Hospitals.

GENTLEMEN:—We will study to-day the case of J. H., a large, well developed, muscular man, aged 46, laborer, Fenian, family history unimportant, came to America nine years ago. He has lived two years in California, three years in Montana and four years in Colorado. He has never had any illness, with the exception of syphilis fifteen years ago, until this summer, when he had mountain fever, at Ouray, Colorado. He states that he was sick six weeks with it. After that he returned to his work. Four weeks ago yesterday he felt his right wrist suddenly become cold and stiff. He rubbed it with cold water; it got better. He went on working, had no pain, but felt that something was wrong with the right arm. The next morning when he got up it was stiff. He worked it up and down, it got a little better, and he went to work. He had a little pain in the upper part of the right arm. At night the pain got worse and it felt as if needles were being put in it. He did not sleep. The next morning his right hand and arm were weak. He worked, but had to rest his arm every few minutes. He had pain in the muscles, but it was not very bad. The next day he tried to work again, but had no power in his right hand to hold anything, so that he had to lay off, and has not worked since.

EXAMINATION:—No ataxia in legs. The gait is perfect. He walks normally with his eyes closed. Putting him in all positions for testing ataxia, shows that the ability to co-ordinate is perfect. Knee-jerks, R. increased, and but little influenced by re-inforcement; L. greater than right, but little increased by re-inforcement. Ankle clonus; R. absent; L. There is a light tendency toward ankle clonus in the left, but not decided. There is only a little quivering of the muscles when the attempt is made to elicit ankle-clonus on this side. Plantar reflexes; R.

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very slight, but trying to elicit it causes some nervous movements of the leg muscles and even those of the opposite leg. The reflex causes dorsal flexion of foot. L. Instead of plantar flexion we have dorsal flexion with contraction of all the muscles of the left leg. Cremaster reflexes are both present. Abdominal reflexes, both lower and upper, are present. There is an hyperæsthetic condition over the abdomen. We find all the muscles of the legs strong and well developed. Pupils are slightly large; they react to light and accommodation. He is unable to move the indicator of the dynamometer with the right hand; the left hand registers 130. I find all the muscles of the left arm strong. The right hand can be closed and opened, but the movements are exceedingly weak. The extensors of the hand are weaker than the flexors. The flexors and extensors of the wrist are weak, the former more so than the latter. The extensors and flexors of the elbow are weaker than those of the wrist. Supination and pronation are performed very well. The triceps and biceps are almost completely paralyzed, the triceps being weaker than the biceps. There is absolute paralysis of the right deltoid muscle, and of the upper or clavicular fibres of the pectoralis major. These muscles are the only ones that are absolutely paralyzed. Flexors and extensors of the wrist are stronger than those of the elbow, and flexors and extensors of the fingers are stronger than those of the wrist, so that the further we go toward the distal portion of the limb the less complete we find the paralysis.

In passing, I wish to call your attention to the condition of the great pectoral muscle in this case. You all know that this muscle is divided into two parts, the inferior or sternal portion, and the superior or clavicular portion. The inferior portion acts independently of the superior in depressing the arm; and the superior acts independently of the inferior in elevating the arm above the horizontal position, whilst both divisions of the muscle act in association with each other in carrying the arm across the chest. It has been found by Beevor that one portion of this muscle may be paralyzed for its separate function in depressing or elevating the arm, as the case may be, yet this paralyzed portion may contract quite vigorously when acting in association with the other portion in carrying the arm across the chest.

In the patient before us, the inferior portion of the right great pectoral muscle contracts quite well in forcibly depressing the arm against any obstacle that may be thrown in its way, but no

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fibres of the superior portion of the muscle contract when he make fruitless efforts to raise the arm above the horizontal position. The deltoid is paralyzed, and I have to raise and maintain the arm in the horizontal position, so as to give the superior portion of the great pectoral muscle the most favorable condition for contracting. If I now ask him to bring the right arm, extended in the horizontal position, across the front of the chest, and at the same time offer resistance to this movement of his arm, both the lower and upper portions of the great pectoral muscle contract. We find then, that the superior, or clavicular, portion of the right great pectoral muscle is paralyzed for movements performed independently of the inferior portion, but not so for associated movement in bringing the arm across the front of the chest.

To the significance of dissociated paralysis I will direct your attention when we come to consider the diagnosis of this man's trouble. The middle portion of the right trapezius muscle is weak if not completely paralyzed.

MEASUREMENTS:—Hands, R. 8½; L. 7⅞. Forearm, R. 10; L. 9¾. Upper arm, R. 10¼; L. 10 3/16. Over the biceps the left arm is smaller than the right. Over the deltoid, R. 10⅜; L. 10⅞. Touch, pain, temperature, muscular, pressure and posture senses are normal. There has been no pains in the joints, but some pains have been experienced in the muscles of the right arm. The pain is limited to the point I touch, and does not shoot down the limb. The nerves of the arm are not sensitive to pressure. The muscles of the right arm respond almost as readily to the faradic current as do those of the left. The right deltoid, biceps, triceps and sternal portion of the great pectoral muscles show some comparative loss of irritability to the faradic, but this is so slight as to be scarcely noticeable.

Let us consider what lesions may give rise to symptoms somewhat similar to those presented by this patient: The first thing that suggests itself when we have paralysis in one arm is neurosis, and in a laboring man, pressure neuritis. Laborers are very prone to be injured in the nerves, especially of the arms.

Pressure neuritis of the arm most commonly is caused by persons lying with the head on the arm, especially while the latter is resting on some hard substance, by the use of crutches that fit in the axilla, or by any means by which undue and prolonged pressure is exerted over a nerve. The symptoms are both motor and sensory. The paralysis may be partial or complete, and is

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worse, as a rule, at the distal portion of the extremity. In ordinary pressure neuritis of the arm, caused by external agents, applied at the axilla, or below, the deltoid muscle is not involved. If the trouble is more than transient, the nerves of the arm become sensitive to pressure, and are the seat of spontaneous pain. The affected parts have a numb feeling, and not unfrequently swell. The absence of all sensory symptoms in the course of the nerves, the involvement of the deltoid muscle, and the presence of the greatest motor symptoms at the proximal portion of the extremity enable us to exclude pressure neuritis.

The absence of all sensory symptoms, in the course of the nerves, enable us to exclude neuritis of the entire brachial plexus, or of part of it, from a growth pressing on any of the nerves that compose it. We must remember that soon after a pressure neuritis has set in, and in some cases, for weeks or months afterward, the nerves below the seat of pressure are not sensitive to pressure, but they are, nevertheless, the seat of sharp, shooting pains, and numb sensations, and sometimes a condition of hyperæsthesia may be present throughout the entire limb, below the point where pressure is exerted, and this takes place before absolute paralysis.

Is the trouble from which this man is suffering cervical pachymeningitis?

The symptoms of this affection are almost always bilateral, and are sensory, motor and trophic in their nature. Pain is a prominent symptom, and it extends to the head as well as to the arms. The disease is gradual in its onset, and pain and trophic disturbances are usually pronounced before paralysis is obtrusive. In the case before us, the only well-defined symptom is paralysis, affecting the upper more than the lower portion of the right arm. There have been no bilateral symptoms. It does not seem difficult to be able to exclude cervical pachymeningitis.

Would a hemorrhage into the cord, or its membranes, account for the symptoms?

In hemorrhage into the substance of the cord, the symptoms are ushered in suddenly, and consist of paralysis and loss of sensation. In hemorrhage into the membranes, the symptoms are also sudden in their invasion, and consist of great pain in the muscles of the back and down the limbs, whose nerve distribution is affected; paralysis is not absolute, and there is either anesthesia or hyperæsthesia, or both. The symptoms in the case before us were three or four days in developing, and paralysis

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has been complete in certain muscles, with no hyperæsthesia or anesthesia, and with but little pain. Hemorrhage into the cord, or its membranes, can be excluded.

Would transverse myelitis, affecting the cervial portion of the cord, account for the symptoms?

In such a condition, besides having respiration affected, sensory disturbance would be well marked before paralysis became as complete as we find it in the case before us. The symptoms would be bilateral. We can then exclude transverse myelitis.

There seem to be but two lesions left that might give rise to local paralysis, somewhat resembling the symptoms presented by our patient, viz.: A localized cerebral, or spinal (polio-myelitis anterior acuta) affection. A cortical or sub-cortical lesion in the arm center, on the left side of the brain, would give rise to paralysis with little or no anæsthesia. In brain lesions the distal paralysis is usually greater than the proximal, just the reverse of what we have there. If the paralysis in the patient before us were of brain origin, its gradual onset of two or three days would exclude hemorrhage. If the cerebral lesion were a tumor, or abscess, we would likely have headache and other cerebral symptoms. Further, a gross lesion, such as tumor, or abscess in the arm center of the left side of the brain, is likely to indirectly affect the face center, and, to some extent, modify speech. Did we need further evidence in excluding brain lesion in this case? We have it in the wasting of the right deltoid muscles, its lessened response to the faradic current, and the presence of dissociated paralysis, to the significance of which I wish now to direct your attention.

Dr. Charles E. Beevor, in Journal Brain for 1891, p. 51, has recorded some interesting observations on the action of muscles. After considering the action of muscles at some length, he puts this query: "What is the diagnostic value of paralysis in a muscle for one movement and not for another?"

This question follows almost as a corollary to the preceding one. It will be obvious, I think, that this condition of a muscle, or group of muscles, can only be brought about by a central lesion, as it would be difficult to imagine that a disease of the muscle fibres, such as occurs in pseudo-hypertrophic paralysis, and other myopathics, or neuritis of the peripheral nerve, between the brachial plexus and the muscle, could affect one class of movements of a muscle more than another, we should expect them to be diminished or paralyzed equally. With regard to

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central diseases, I am not aware, at present, of any case of disease of the cortex cerebri, or pyramidal tract, in which the lesion was so localized as to cause paralysis of the muscles elevating the shoulder and not those depressing it, but it is in disease of the spinal cord that the condition is best shown. Cases of poliomyelitis and amyotrophic lateral sclerosis, have already been mentioned, and I have also seen cases of infantile paralysis and progressive muscular atrophy, showing the same condition. Though I have not had the opportunity of examining a case of injury to the cervial roots, before they join the plexus, I think we are justified in assuming, from the resemblance of the grouping of the paralyzed muscles with those due to central spinal disease, that the same condition would be found.

"The position of the trophic centres in the brachial enlargement of the cord for the clavicular fibres of the pectoralis major, is an interesting question, in connection with the second of my cases related above—i. e., that of the boy; for, although the muscle was paralyzed for movements associated with the deltoid, its trophic centre was not sufficiently affected to give any reaction of degeneration with either form of electricity. Whether the trophic centre for the clavicular fibres is in quite the same part of the cord as for the sternal fibres, seems doubtful from a case of infantile paralysis, which I have previously observed and recorded, where the sternal fibres were completely absent, and yet the clavicular fibres were well developed and reacted normally to both currents.

"From the above consideration I think we have another symptom to enable us to dignose, on the one hand, between central disease affecting the spinal cord, and on the other, lesions affecting the peripheral nerves and the various myopathies, while the condition of a muscle, being paralyzed for one movement and not for another, is in favor of the grouping of the muscles in the brachial and lumbar enlargements, being rather of a physiological than a purely anatomical nature."

In referring to these facts, he states in his fifth conclusion: "And this condition would point to the lesion being in the spinal cord, or its roots, and not in the peripheral nerves or the muscles, primarily."

I have read at some length from Dr. Beevor's excellent paper, because of the importance of his conclusions if his observations are correct. The results of his investigations in the direction of dissociated paralysis of certain fibres of muscles in relation to

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other fibres of the same muscles, may be summed up in one sentence,—when certain fibres of a muscle have two actions, one to contract in association with other fibres of the same muscle, and the other to contract independently of these fibres, and the muscular fibres should be paralyzed for one of these movements, but not for the other, the lesion is in the spinal cord and not in the brain or nerves.

Having excluded all other lesions of the nervous system whose symptoms would likely be confounded with those presented by our patient, we have left polio-myelitis anterior acuta affecting one anterior horn of the cervical region of the cord. The significant sympton of this disease is paralysis involving one or more limbs, sometimes sudden, but more commonly rapid in its onset. Not infrequently the paralysis is two to four days or more in reaching its height. There are, as a rule, no objective sensory disturbance. The subjective sensory symptoms of anterior polio-myelitis are, tingling, numb sensations, and sometimes, pains in the muscles, but, according to Gowers, the joints are unaffected.

We must bear in mind that we sometimes have multiple neuritis, complicating polio-myelitis. The deep reflexes in uncomplicated cases are abolished in the paralyzed muscles, but uninvolved either above or below the cord lesion. How then are we to account for increased knee-jerks which our patient presents?

In some cases the pyramidal fibres nearest the anterior horns are irritated, when the deep reflexes below the cord lesion will show an increased irritability. It is probable that the pyramidal tracts have been irritated in our patient, thus accounting for the exaggerated knee-jerks which we find in his case.

Another point in the diagnosis of polio-myelitis worthy of attention is, that among the arm muscles the deltoids usually suffer most, and the supinators sometimes escape, a condition that we find in the patient whose case we have studied to-day.

What have we to guide us in the prognosis of this man's disease? The muscular wasting and the faradic irritability of the nerves supplying the affected muscles are our best guides in regard to prognosis, and of these two, the degree of the faradic irritability is the most important. Lessened faradic irritability in severe cases may be manifest by the fourth or fifth day, and may be lost by the end of first week. In all such cases the wasting will be considerable, and the recovery incomplete. In some cases the faradic irritability does not begin to lessen before the

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tenth day. In such cases, if it is not long progressive after it becomes apparent, there will be but little wasting, and recovery will take place, although probably not complete, in a few months. In some cases there is little or no loss of irritability to the faradic current. In these cases recovery will take place, and be more or less complete, in a few weeks or months.

In the patient before us there is only slight loss of faradic irritability, and this is limited to the nerve (circumflex) supplying the deltoid muscle. It is now four weeks since the affection began, so that we can with considerable assurance predict that our patient will recover so as to be able to return to work in four or five weeks.

Wasting usually takes place by the end of the second week, but in the man before us at the end of the fourth week, there is only slight wasting, and this is limited to the deltoid muscle. It is probable then, judging from the muscular nutrition and the preserved faradic irritability of the nerves that wasting will progress no further.

What can be done in the way of treatment?

In all cases of polio-myelitis, no matter how limited or slight the lesion, absolute rest in bed should be insisted upon from the first inception of the trouble to the end of the inflammatory stage. It is just possble that if this patient had stopped work and sought medical advice when the symptoms of the disease first made their appearance, the lesion might have been less severe than it is to-day. As soon as the disease can be localized to any particular portion of the cord, leeches applied to the spine over this region seem to be indicated. At the same time counter-irritation, either by means of alternate application of cold and hot substances, by the application of mustard plasters or by blisters, aid in relieving the spinal cord engorgement by drawing the blood to the surface. If we bear in mind that the blood from the tissues covering the spines and from the bones themselves, empties into the spinal canal to pass through the spinal plexus of veins we shall appreciate why counter-irritation relieves the amount of blood in the spinal canal, including the spinal cord, as the blood from the latter finds its way into the spinal venous plexus. At the outset of the disease the bowels should be thoroughly evacuated by five or ten grains of calomel, and later, until the acute stage is over, a gentle impression of calomel in one-eighth of grain doses should be kept up. Ergot has been recommended in this disease, and I advise you to try it in half

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drachm doses every three or four hours. The patient should be encouraged to lie on the side or abdomen as much as possible, so as to lessen by gravity the amount of blood in the spinal canal.

After the acute stage of the disease has passed, as we find it in the patient before us, the treatment should be different from that just outlined. In this tonics, good food, massage and electricity are serviceable. The nerve tonic which seems to be most indicated immediately following the acute stage is arsenious acid in $\frac{1}{100}$ to $\frac{1}{60}$ grain doses thrice daily, given after meals. Later, quinine, strychnine and cod liver oil are excellent. The patient should be kept well nourished by proper food.

Massage may be resorted to in mild cases by the end of the second week, in severer cases it is not well to employ it until all inflammation has subsided. At first it should be given gently, and the affected muscles only should be manipulated, and these only for a short time, but later, the entire body should be massed and the manipulation may be thorough, and prolonged for an hour.

In regard to electricity, this should not be applied before the stage of inflammation has subsided. At first the affected muscles should not be made to contract more than fifty or sixty times at each sitting, which should not be oftener than every second day. Later, the application of electricity may be made daily, and the seance prolonged for an hour. In regard to the choice of the current to be used, between the galvanic and faradic, the latter probably is as efficient as the former when a response of the muscles is elicited by a current of medium strength. When the faradic current fails to cause contraction of the paralyzed muscles, its application is worthless.

N. B. The patient soon began to show improvement. By the end of the second week the fore-arm muscles showed considerable gain in strength, and by the end of the third week the deltoid was able to bring the arm to the horizontal position. He was discharged practically cured in less than two months from the time he entered the hospital.

Frank R. Stockton has written the history of "How I Wrote 'The Lady, or the Tiger,'" for the next issue of *The Ladies' Home Journal*, and tells what came of the writing of the famous story, and the condition of his own mind, at the present time, of the correct solution of the problem, whether the lady or the tiger came out of the open door.

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Current Medical Literature.

DEPARTMENT OF DERMATOLOGY.

[Dermatological Notes by Isadore Dyer, M. D., Lecturer and Clinical Instructor Medical Department Tulane University, etc., New Orleans, La.]

THYROID FEEDING IN SKIN DISEASES.—In the British *Journal of Dermatology* for September, Dr. Arthur T. Davies, of London, reports three cases of psoriasis and one of eczema, treated with tabloids of thyroid extract. Two of the cases of psoriasis were cured, one in eleven weeks after the disease began, and eight weeks after the thyroid treatment was commenced. The other case, of three years' standing, was cured after three months' treatment. The remaining case of psoriasis, and that of eczema, were much improved after treatment of one and three months, respectively.

The action of the extract, according to the author, is chiefly stimulant, causing at first increased desquamation, and a subsequent improvement in the tone of the skin. The contribution is interesting just now, when the testicular juice is being used in France with the same sort of result. Dr. Monnet cites (quoted in the *Jour. of Cut. & Gen. Urin. Dis.* for Sept.), three cases of ichthyosis, 14 instances of neuropathic eczema, etc., as happily modified by injections of the testicular fluid. In cases of cutaneous tropho-neuroses, Dr. M. believes injections of cerebrine preferable. (Communication of Dr. L. Brocq.)

GALLANOL is a purified form of gallol, and is offered as a substitute for chrysophanic acid and pyrogallic acid, both of which it resembles, chemically and therapeutically. For gallanol, it is claimed, that the disadvantages of these two acids are overcome, while the therapeutic properties are the same.

WARTS AND EXCRESCENCES.—A recent review of the methods of treating this class of growths gives the following:

Removal with the curette and cautery. Application of fuming nitric acid. Application of the tincture of thuja occidentalis. Exuberant vegetations should be dusted over with resorcin or salicylic acid. Salicylic acid plaster, 10 or 20 per cent., may be applied. For warty growths of the face this is suggested:

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℞ Sublimed sulphur.....℥v
Pure concen..acetic acid.....℥iiss
Glycerine.....℥ii

Mix and directions: Use with brush, or spread on with small pieces of linen, Apply at night and remove in morning.

Dr. D. Pacaud suggests solution of lemon juice for the relief of the pruritus of urticaria.

PROF. PITRES and Dr. Sabrazes (Archiv. clin. de Bordeaux, May, 1893), on examining three typical cases of syringomyelia, with classical cavities in the cord, found no evidence of the bacillus of Hansen. They conclude that syringomyelia and leprosy are two distinct diseases. (There is little question of the fact that there are types of syringomyelia of purely congenital origin; others of traumatic origin. It is not fair to exclude leprosy as a cause of this disease simply because the Hansen bacillus has not been isolated. Those cases of leprosy, most resembling syringomyelia, are found in communities where the disease is disappearing and the types are mild. The bacillus of Hansen is often missed in cases which clinically present all other signs of leprosy. It would be better, I think, to associate leprosy as one of the causes rather than condemn an alliance without further evidence.)

Correspondence.

SOME CRANIAL SURGERY.

HEARNE, TEXAS, July 28, 1893.

Editor Texas Medical Journal:

DEAR SIR:—During a period of twenty-three years' practice of medicine, I have performed the operation of trephining and raising depressed cranial bones three times. First operation in November, 1874, at Mudville, Brazos county, Texas. The second operation, December, 1880, near same place. The third operation near Hearne, Texas, on or about June 10, 1893.

The first operation was a perfect success. The patient, a negro some forty years of age, was struck with the back of a heavy ax, on the left parietal bone, crushing and mashing the bone down on the brain. The patient remained in an unconscious

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condition till after operation, which was performed some twelve hours after the injury. Consciousness was immediately restored after the depressed bones were removed, and the man made speedy recovery, and has made a good plantation hand since.

The second case, a boy some ten years old, was kicked by a mule over the left eye, mashing in about one-half of frontal bone. Trephining and elevating depressed bones were done some ten hours after injury. The patient rallied well, and gave promise of recovery, but after three weeks, died.

The third case operated upon was performed near Hearne, on Mr. J. E. Kirby, an old gentleman sixty-nine years of age. Some time during the early part of June, 1893, about the 10th, I think, Mr. Kirby had trouble with one of his tenants, upon whom he advanced with a drawn knife. The assailed party struck Mr. Kirby three severe blows on the head with the cutting surface of a hatchet. One cut was on the frontal bone,—a long, ugly wound, which did not penetrate the bone,—the other two licks were made in the right and left parietal bones, near their junction with the occipital bone. The wounds penetrated into the brain substance, as evidenced by flowing brain tissue through the wounds. The patient was not entirely unconscious, yet his wounds were grave, and I informed his wife and friends that without an operation he must soon die, and with an operation his chance for recovery was indeed slim. The wife permitted me to operate, and assisted by Dr. C. T. Doremus, of Hearne, I proceeded to raise the depressed bone, all of which was accomplished in about half an hour. The operation was done *without* the antiseptic regime, save the free use of pure cold water.

I have no confidence in the use of this now much vaunted and ridiculous preparation with instruments boiled in bichloride solution and well washed and scrubbed integument. I have done some nice amputations in my past twenty-three years' practice, and have done the three above mentioned cranial operations, and I have had no reason to regret having used my instruments just as I took them from my case.

But to return to my last case of cranial surgery; three weeks after the operation the patient, Mr. Kirby, geared up his wagon and drove into town, some three miles distant from his home. The old man, now some five weeks after the operation, says he is well and all right.

THOMAS J. PUGH, M. D.

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College of Physicians of Philadelphia, Northeast corner of Thirteenth and Locust streets. The William F. Jenks memorial prize, the third triennial prize of five hundred dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "INFANT MORTALITY DURING LABOR, AND ITS PREVENTION."

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay which must be written in the English language, or if in a foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., before January 1, 1895, addressed to Horace Y. Evans, M. D., Chairman of the William F. Jenks Prize Committee.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

JAMES V. INGHAM,
Secretary of the Trustees.

August 1, 1893.

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The JOURNAL is the official organ of the Austin District Medical Society, the West Texas District Medical Society and the Galveston County Medical Society.

WHAT'S IN A NAME?

"If it is honorable to prescribe according to the law of similars, it is equally honorable to announce that one so prescribes."

The sentiment above quoted is that employed by the editor of the *Medical Century*, in commenting upon the position taken by Professor Obetz, Dean of the Homeopathic Department of the Medical School of the University of Michigan. The *Medical Century* is a homeopathic medical journal. Dr. Obetz's position is that "only those who desire to trade upon a name" demand that schools and organizations be maintained separate for medical sects; and in accordance with such a view he proposes that the two medical schools of the University of Michigan be reorganized so as to form but a single department.

It is no matter of surprise that for the expression of such sentiments Professor Obetz should have had heaped upon his head the maledictions of rabid homeopathists; but it is even less a surprise that he should have offered to him the most kindly expressions of a large number of the most advanced members of the same group of the medical profession. A medical journal of homeopathic affiliation, but of the broader type of journalism and of scientific tone, the *New York Medical Times*, does not hesitate to say that "his proposition will, before very long, be acceptable and accomplished, but we fear not just yet." A correspondent

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in the same journal acknowledges that the lapses from "pure" homeopathy have come to such a pass that the movement initiated by Prof. Obetz becomes not only explicable, but "as necessary and inevitable as the results of gravitation in the physical world." Nor should there, when such a spirit of conciliation is exhibited, be denied by the regular profession an opportunity for its fuller development. In the nature of its constitution, in the spirit of its existence, there can be no refusal by the regular profession to accept as proper subject for its consideration any proposition honestly submitted for the cure or amelioration of disease, and as proper methods for its employment any modes of dealing with disease which may have met with the approval of experience.

The failure of a system of medicine to be vindicated in its entirety by no means predicates the propriety of denying the individual elements of its practice; and while the futility of the law of similars, upon which homeopathy is founded, has been more than once demonstrated, there are individual instances of drug action apparently in harmony with its teachings, which cannot be gainsaid. The realization of a double action of a large number of medicaments, a stimulative and a depressive influence, depending upon the dosage, was made possible the earlier for the existence of homeopathy. The shield would have been held forever as a shield of gold alone, had not the black knight who looked upon its golden side been confronted by his white opponent who had only gazed upon the shimmering silver turned toward him. The good should always be acceptable; nor can one conscientiously turn from it whether its discovery be the logical outgrowth of scientific reasoning, the blind finding of empiricism, or the fortuitous conclusion from faulty premises.

The differences which are the real cause of separation of the so-called homeopathic branch from the regular medical profession lie not so much in the matter of medical thought and practice as in the assumption of this sect of a distinctive name. There are but a fractional proportion of homeopathists who are "pure" homeopaths. The majority of these practitioners repudiate daily the law of similars, and Hahnemann's *Organon* has ceased to be a text, or even a work for common consultation by them. Many openly combine their medicaments, and the dosage of the advanced members of the homeopathic branch is scarcely distinguishable from that of a large proportion of the regular profession. The higher potencies are gradually but

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steadily being discarded for the lower; and the triturates which insure thorough diffusion of the remedy, and consequent greater chance for absorption and action, are widely adopted by regular physicians.

In the specialties, one must scrutinize with care to distinguish the homeopath from his regular brother, unless perchance "*he trades upon a name.*" There lies the nut, uncovered from its shell. Consciously or unconsciously, with purpose or thoughtlessly, a large proportion of the homeopathic school—probably much larger than that which must be excluded from this assertion—is trading on a name, and perpetuating a schism which has no right to exist in a profession claiming to exercise all scientifically or empirically proven methods of combatting disease. No physician has a right to name himself a "regular medical practitioner" who is unwilling, where circumstances demand it for the best, to make use of medical methods whether they be drawn from the experience of a graduate, a savage, a "Christian Scientist," a homeopath, or from the investigations of the laboratory of the bacteriologist; and no physician whose honest aim is the relief of ills, and who hesitates at nothing consistent with his morality and his love for his fellowman, can be excluded from its limits. These propositions true,—and their truth lies easily within the pale of proof,—the honor of announcing that one prescribes according to any driven set of rules to the exclusion of all else, becomes the dishonor of the schismatic, and of the trader upon a name.

There is even another side to the question. Granting that, for the sake of the argument, "it is honorable to prescribe according to the law of similars," the conclusion of the editor of the *Medical Century* by no means follows that "it is equally honorable to announce that one so prescribes." The mere fact that a man has especial faith in this fad of practice, or in some obscure mode of therapeutics, by no means excludes him from the bounds of the regular profession of physicians, provided he does not systematically conceal his methods or make profit by announcement of his exclusivism. The fault lies not in the modes or the medicines employed, but in the failure to appreciate the teachings of the golden rule and the consequent neglect of its practice—not so much in the treatment of the patient, perhaps, as in the treatment of fellow physicians. It is the attempt, consciously or unwittingly, to attract attention by the exhibition of a title of exclusivism; in other words, to trade upon a name. It

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It may be perfectly honorable to be a public hangman, yet it can scarcely be thought honorable to noise the fact abroad. It is honorable to labor at the anvil or at the plow, yet it is not necessarily an honor to blatantly call attention to the fact. It is honorable, when done conscientiously, to prescribe according to the law of similars; but it is actually dishonorable to noise the fact abroad and emblazon it from doors and windows to attract the sheckels of dives and pauper, and an hundred times disgraceful to him who trades upon the name without even pretending adherence to its tenets.

It is time for adjustment. The development of a spirit of reorganization, the recognition of the absence of sufficient reason for the separation of the broader minded physicians, homeopathic and regular; the recoil from a life acted under a false standard on the one side, and the fulfillment of the all-embracing destiny of the other, impress the necessity for the obliteration of the lines of dissension. And the first of all is the denial of all "pathies" by the earnest seeker for unity in his profession; there can be but one middle ground between the so-called homeopath and the misnamed allopath—that is, the regular physician. To such an one denial of association and consultation were a crime against the spirit and the letter of that code which is the highest law—"do unto others as you would have others do unto you."

A. J. S.

OUR WILE(Y) FRIEND.

"Many a shaft at random sent finds mark the archer little meant"; or "throw a stone and hear a yelp, and you may know," etc.

Our friend Dr. W. C. Wile, of the bile colored *New England Medical Journal*, has gotten his back up very unexpectedly to us, and altogether unnecessarily, about an editorial in our last, entitled the "Function of the Pharmacist." In it we were entirely disinterested, and endeavored to state, impartially, the controversy between Dr. Hammond and Parke, Davis & Co., regarding the assumed right of the latter to manufacture "certain animal extracts." We did, however, express an opinion that the medical press should not back up a physician in a proprietary interest in his discoveries.

Under the heading, "Our Red Friend," Dr. Wile indulges in

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an untrue and very unfair and ungenerous tirade against his "friend Daniels," putting an s to our name (we can tack a terminal s to *his* name and give it an appropriate significance), and shows a very clear bias in favor of "certain animal extracts"; in fact, so clear as to leave no doubt in our mind that he is an interested party, and owns stock in the Columbia Chemical Co. We did not know this, hence unwittingly stepped on his toes. We were surprised, more than hurt, because of the coarseness of his attack; it was such as we had not thought him capable of. His assertion, that this editorial, which has so (unintentionally) stung him, and which was neither "unfair" nor "biased," "was written with a financial leaning against one of his (my) own profession" (Dr. Hammond), as well as his unworthy suggestion in the last line, that we were actuated by mercenary motives, are *falsified* by the fact that Dr. Hammond has two and a half pages of advertisements in the TEXAS MEDICAL JOURNAL, while Parke, Davis & Co. have only one. Surely, if we had been "afraid" of losing advertising patronage for expressing our sentiments, we would have said nothing; or if it had been a matter of "financial leaning," we should have leaned toward the other party.

Dr. Wiles says, "It may be a matter of interest for our red friend to know that the *New York Medical Record* and the *New York Medical Journal* refused to publish the drug firm's, 'An Apology' in their advertising pages, and the drug firm cancelled their contract."

It may be of interest for our jaundiced friend to know that the JOURNAL does not regulate its action by that of the New York journals, and that we do not care a snap whether they did or did not do a certain thing; and further, "it may be a matter of interest" for our wiley friend of the *jaundiced* journal to know that *we* refused to print the original "On Certain Animal Extracts"—except *as* an advertisement.

Our wiley friend accuses us of "bad taste." *That* is a matter of taste, and if his standard of taste is a recent editorial, "Thanks Gentlemen Awfully," a weak and puerile kick at Parke, Davis & Co., in which he affected to thank them for advantageously advertising his journal by their merited strictures and denunciation of his course (which he could not answer), we sincerely hope that *all* our articles are "poor taste" in his estimation. He is bilious, and everything tastes bad to him. We feel assured he is ashamed of that most puerile display; but, speaking

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of taste, what of the boast of how much money he had made, and his ability to build a brick house? "No accounting for taste," he says. Surely not.

Wiles has gone daft on the "make," and out of the fullness of the heart the mouth speaketh.

THE TEXAS MEDICAL COLLEGE.

Opening of Third Annual Session.

The Medical Department of the State University opened October 2nd, inst., Rev. Mr. Carter, of Galveston, invoking divine aid to the labors of the session. The Dean then introduced Prof. William Keiller, of the Medical Faculty, who addressed the assembled classes, welcoming them, and directing his words especially to advise proper methods of study, and to place before the students their just relations to the profession and the faculty of the school. In conclusion he placed before them the picture of the country practitioner, broad-minded, hard-working, poorly recompensed, honorable, honest, and a gentleman—the true ideal of a worthy student. The address was warmly received by the audience, and the lecturer fairly added another to his wreath of laurels.

In behalf of the Faculty of Pharmacy, Professor James Kennedy made a brief address, indicating the purposes of the new school of pharmacy and its plan of instruction, and taking occasion to express his appreciation of the State Pharmacentical Association for the part it has taken in the organization of this department of the State University, and his thanks to the last legislature, and the Regents of the University, for calling into existence the School of Pharmacy of the Medical Department of the University of Texas. After a few announcements of additions to the curriculum by the Dean, benediction was pronounced by Rev. Carter; and the exercises of opening the third annual session were completed.

There are matriculated to-day: First year, 45 (and about 15 or 20 more to hear from who are examined and admitted); second year, 8 (I think one or more to hear from); third year, 8.

Total, 61.

It is thought that the class will reach seventy-five or eighty by the end of the examination. A. J. S.

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Medical News and Miscellany.

Dr. J. D. Westervelt, Jr., has been appointed surgeon to the Mexican National Raitroad Co., at Alice, Texas.

Pay day has come: the JOURNAL "expects every man to do his duty." Do unto others, as you know how it is yourself, or words to that effect.

Bennett being the potentiality (that's the word now) of the Austin District Medical Society, there was no regular quarterly meeting held in September, he being absent at Polyclinic, New York.

The Texas Medical Journal has removed its office to the suite of rooms over Corner Bros. book store, upper Congress Avenue, where we will be pleased to receive our friends when they visit the city of the violet crown.

Dr. Justus Duffau.—The JOURNAL is pained to announce that Dr. Duffau, formerly a resident of this city, but for several years past a leading practitioner in Houston, died at his mother's home in Austin, on the 8th of October inst.

Southern Surgical and Gynecological Association will hold its next session in New Orleans on the 14th, 15th and 16th of November, prox. The medical profession are cordially invited to attend. Prospects are good for a splendid meeting.

Fortnightly M. D.—The Happy Medium offers a prize for every error found in its pages, and actually awarded a prize to a subscriber who pointed out that "substitution" *ought* to have been spelled "substitusion." Good joke on Webster.

It Pays.—The Secretary of the Louisville Medical College writes the JOURNAL, "Our class is larger than ever before. We have 500 matriculants, amongst them a great many Texans. *Thanks to your* JOURNAL. Write us earlier next year about space."

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Cinderella.—Medical Director John L. Gihon, in his admirable address on "Motes and Beams," said that Hygiea is the Cinderella of the Medical family; like her she had been left at home neglected, and like her she was now receiving the homage of princes. He was glad he had lived to see her "souzeraine."

The Pharmacentical Department of the University of Texas was organized and begun work October 2. Faculty—James Kennedy, M. D., Ph. G., Professor of Pharmacy; S. M. Morris, M. D., B. Sc., Professor of Chemistry; Ed. Randall, M. D., Professor Materia Medica; James Kennedy, M. D., Ph. G., Lecturer on Botany.

Dr. Ralph Steiner, of Austin, Texas, has been appointed Consul to Munich by Mr. Cleveland. Dr. Steiner is worthy and deserving of the honor. He goes to Munich to study for two years, and applied for this position as a side line; the salary will pay all his expenses during his student life there; a good thing. The doctor was born with a silver spoon in his mouth.

Sharp & Dohme, the well-known manufacturing chemists so long established in Baltimore have removed their general offices to New York, No. 41 John street. There has been no change either in the personnel of the firm or the general business policy. Their branch office in Chicago is at 221 Randolph street. This firm is too well known to need any commendation at our hands. Its characteristic honesty and integrity have earned for the firm the name of "Old Reliable." Their goods are standard the world over.

Transactions Texas State Medical Association: April meeting, 1893, Galveston. The last volume of Transactions is out. It is bound uniformly with the series, in brown cloth and gilt, and contains 446 pages. It is a little larger than its immediate predecessor of '91–2. Dr. West, the Secretary, has done himself and the Association credit in the completeness and very neat appearance of this volume, and it ought to be highly prized by members. It contains a larger number of papers, and the general average of excellence is higher, we believe, than of late years. Among them are some really valuable contributions. Thirty-seven new members were added to the roll at the Gal-

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veston meeting, and some important changes were made in the by-laws.

The New Orleans Polyclinic.—It is very gratifying to note the continued prosperity of this home institution. It has demonstrated its claim to Southern patronage, has successfully met and overcome numerous obstacles thrown in its way, and now, with increased facilities for clinical teaching, and a wealth of material at the Great Charity, the Eye, and other hospitals, and a strong faculty, it makes its annual announcement to Texas physicians, through this, the Texan's pride. See advertisement.

Dr. Isadore Dyer, long connected with the Charity Hospital, and lecturer on Dermatology in the Tulane University Medical College, and editor of Department of Dermatology in TEXAS MEDICAL JOURNAL, has been elected Professor of Dermatology in the New Orleans Polyclinic.

Surgical Instruments.—A recent number of Meyer Bros. & Co.'s St. Louis *Drug Magazine* states that the Fort Worth Pharmacy Company, of Fort Worth, carries the largest stock of surgical instruments and mechanical curative devices in the Southwest. We are personally acquainted with these people, and have a correct knowledge of their stock, fully endorse the above, and will further say, their prices we know to be as low as any of the Eastern houses, and that they are now giving good satisfaction to five hundred Texas doctors whom they number as their patrons. A year ago we asked the profession to aid us in building up this house—a home institution—where orders could be promptly filled and delivered. We have now to say that satisfactory results are being obtained. The Fort Worth Pharmacy Company are also agents for three manufactories of electric Batteries and two manufactories of Physicians' Chairs. Write to them for what you may want.

Mr. Ernest Hart, while the guest of the American Medical Profession, was guilty of many things that, from an American standpoint of professional ethics, were unbecoming one so distinguished. Dr. W. A. Hammond, in a letter to the *Now York Medical Journal*, gave him an excoriating that it did one's soul good to read, and which must have made Mr. Hart feel that he had made an unmitigated ass of himself. Dr. Hammond had a good subject for his caustic pen, and he handled it, if not exactly

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in a manner to the Queen's taste, very much to our liking. We see he is now in a controversy with one Dr. Archie Stockwell. The "correspondence" between them (*N. Y. Med. Journal*) is *piquant* in the extreme,—on Dr. Hammond's side at least,—and his last is *so* caustic that we opine that of Mr. Archie there will not be left a greasy spot withal, when he comes out of the fight. We would as soon encounter a buz-saw as to get Hammond after us.

Our Esteemed Contemporary, Dr. H. H. Haralson, of the *Mighty Mississippi Medical Journal*, has just recovered from a long and severe spell of typhoid fever. The TEXAS MEDICAL JOURNAL extends its congratulations to the doctor and to the readers of his sprightly little "monthly."

By the bye, the July number of said s. l. m. contains an "original article" (*not* an editorial)—a paper, on "Modern Antipyretics," written by Dr. Haralson, and read for him by Dr. Geo. A. Herndon, before the Smith County, Mississippi, Medical Society, which paper does the author credit. It was well received and highly complimented. Notwithstanding the subject is very hackneyed, Dr. Haralson said a good many new and original things about it; he had had a large experience with the several agents mentioned, and had intelligently observed and interpreted the effects produced. Like all who have preceded him, Dr. Haralson is impressed with the danger which attends the injudicious use of these agents, especially antipyrine, and cautions his readers to be guarded in its administration, especially in repeated doses.

In dysmenorrhœa Dr. Haralson found antipyrine singularly useful. He says:

"I have had some experience in this line (with dysmenorrhœa), and am prepared to state that I have had good results from the use of antipyrine in this trouble, not palliative alone, but permanently good ones. In severe cases of dysmenorrhœa we are compelled to use remedies to alleviate the sufferings of our patients. The pain is sometimes so intolerable that patients are driven to the use of opiates, and I am free to say that I do not fear individual administration of these agents in this trouble so much as I do morphine.

"Dr. Eliza Mosher has used acetanilide in this trouble with good results. She claims to have used it in several hundred cases without any bad results. To avoid self-administration she has adopted the plan of having the powders ready and giving them herself without a prescription. By adopting this plan the patient is not only not able to prescribe them for herself, but she

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cannot prescribe them for her friends. My experience is not so extended with antipyrine, but the few cases I have treated with this drug have in the main been benefited. I usually prescribe three or four grains to the dose, to be begun about two days before the expected period, and given every four hours during the day, until the period has passed. I, of course, do not rely upon this drug to correct certain conditions that may be productive of this trouble, but rely upon it more especially to tide the patient over these periods, which are so torturing to them. It is safer than morphine, and better; better, because there is so much less danger of self-administration, while, by commencing early, as good results are obtained from its use. Besides this, there is a class of these cases permanently benefited by this drug. I refer to cases of spasmodic dysmenorrhœa. I have been treating two cases recently, and using very little else besides antipyrine, and my patients, both, are greatly improved. Sometimes it is very difficult to ascertain the cause, and until this is done, there is no drug so free from danger that promises so much.

"I cannot give my endorsement to the administration, at one dose, of twenty grains of antipyrine. I do not believe that it is ever necessary to give it in such large doses, besides, observation has demonstrated that it is dangerous to use the drug so heroically."

THE DOCTOR'S LAMENT.*

TO HIS LADY-LOVE.

Your life leads down by peaceful, tranquil rivers,
Whose shady bank the cool sea breeze invites;
While mine, alas, is spent midst torpid livers,—
And similar sad and melancholy sights.

To you, the perfumed air is rich with sounds
As sweet as when first Sappho's harp was strung;
While I, in sun and dust must take my weary rounds
To feel a pulse, or view a coated tongue.

The choicest books beguile your leisure hours
And soothe to sleep or 'wake to sympathetic tears;
But woe is me,—I spend my feeble powers
'Midst fever's fervid heat, or checking diarrhœas.

You sleep in peace on soft and downy beds,
And dream, perhaps, of flowers in sunlit lands;
While I, no doubt, am soothing aching heads,
Or humbly giving aid by pulling hands.

Your lovers kneel before you in rapturous adoration,
And tales of love in mellifluous measures pour;
Creditors besiege me; they are my abomination,
And moneyless patients daily throng my office door.

*This appeared in one of our very early numbers, in 1885, and is here reproduced by request, revised and slightly changed.—F. E. D.

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Thy gentle pen, anon, the choicest thoughts indict,
That dwell within thy gentle breast, or tender memory fosters;
Prescriptions I, with stubby pencil write,
"Recipe; misce et fiat haustus."

Riches I bring thee not, to pride's exactions fill,
Nor offer thee, as I could wish, a handsome marriage portion;
Wilt thou despise my only store—a pill?
Or deign to take, perchance, a pharmaceutical lotion?

Alas, alas, my lady-love, I tire indeed of these
Old scaly scalps of seborrhœa and eczematous hands;
Let's trim our sails to catch an outward breeze,
And endosmose in pleasant foreign lands,—

Away beyond the seas, on some peaceful starlit isle,
Where rythmic wavelets break on coral strands;
There'll be no more of fever, pus nor bile,—
As down the happy years we'll pull each other's hands.

F. E. DANIEL, M. D., Austin, Texas.

THE COUNTRY DOCTOR.

Prof. Wm. Keiller, in his address to the matriculants of the Texas Medical College, in Galveston, on the opening day of the present session, drew the following beautiful picture of the country doctor.

Prof. Keiller said: "Now in closing I wish to present to you a picture of the goal for which you are striving, a little glimpse of one of the noblest lives that men lead on earth.

"In the winter of 1890 there appeared in the Royal Academy exhibition, in London, a picture which attracted large crowds of warm admirers, and stirred many of them to their heart's core. Luke Fildes had been asked by a patron to paint a picture illustrative of English life, and he chose "The Doctor" as his subject, and painted to the life the ideal representative of the most humane of professions. No prosperous, wealthy specialist is this hero of the medical world. The first glance at the man reveals the general practitioner, the hard-worked country doctor. The only daughter of a humble farmer, a wee, curly-haired lassie of two or three, is sick, well nigh unto death. It is no long, wasting disorder—she is too plump for that; but the crisis of an acute malady. The next few hours will probably decide her fate. It is evening, and the doctor has seen her in the morning, and now, tired by a long round of visits, he has called again; and his energies, fatigued as he drove along in his buggy, are again called into full activity by the exigencies of the case before him. Poor wee pet! She is very low. Her pulse is rapid and feeble, her respiration quick and shallow; but, if her heart

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can be kept up a little longer, she may get a little sleep and ultimately pull through. Our doctor has with his own hands given her her medicine, and now sits watching its effect. Already she is soothed, her pulse is a little slower and firmer, her respiration less hurried, and she has dropped into a brief doze.

"And while she sleeps let us look at the doctor. He is the central figure of the painting, the center of interest even to the stricken father and mother, because in his hands is the life of their first-born. A man of strong and massive build, about 40, and therefore in the zenith of his mental vigor, with fifteen to twenty years' experience to mature his judgment; no dude, but well dressed, as self-respect demands of all men of well balanced minds; the whole man reveals the well-to-do country practitioner. And his face? Genial, thoughtful, and above all things reliable and strong. There is no weakness there.

"It is late, and he is tired, but there is no languor in his attitude; he has forgotten all the world,—wife, children, the cosy supper waiting for him an hour or more, the father and mother of the child, all are forgotten but the patient and his science. He is not absorbed over an interesting case which will be worth reporting at the local society; he is face to face with a problem of life and death. No debasing thought of a big fee (I am almost ashamed in the face of such a scene to mention the word)—I say, no thought of his fee mars the current of his calculations. No big fee can come out of that small cottage; but a little laughing face that was the sweetest sunbeam of the young couple's hearth may shine again or set to-night, and the doctor's skill may decide the matter.

"In the background the young mother, wearied with watching, has yielded her place to the man in whom, next to God, her trust is placed; and has laid her head upon the table, half in despair, half in unuttered prayer. Her husband stands beside her, his hand, with a subtle sympathy that she only can fully understand, on his wife's shoulder; a touch that means hope for the best, sympathy and strength for the worst, his face expressive of the calmer way in which strong men meet life's worst vicissitudes.

"Gentlemen, it is well that in commencing a new course of life each man should have an ideal, and should keep his ideal ever before his mind. And I would hold up before you as a high ideal this picture of the country practitioner. Few of you will ever have the opportunity to become great specialists; but

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all of you may become most excellent men and good physicians, and lead lives which shall call down on your heads the blessings of a grateful people. The man whom our artist has chosen is a student, every inch of him; a true man of science, but his science is a means to relieve suffering humanity. He is no money grabber; no dispenser of drugs at so much a bottle; no smooth, honey-tongued ladies' doctor with half hours to spare listening in scented, half lit rooms and cushioned lounges to a languid account of imaginary ailments. He is no brilliant specialist, who has, by hard, up-hill work and much self-denial it may be, or by some lucky stroke of fortune, reached that pinnacle of success where life is easy, leisure frequent, successes brilliant, and fees often princely. He his strong; strong because of his knowledge, because of the hard, honest work of his student days, because though he may not have carried off honors he has determined to understand everything he has studied and make it his own; strong because since his college days he has remained always a zealous student; strong because it is his nature to be so. Such a physician must be reliable. His word must be slowly given, but when given as good as fulfilled; his word must be his bond; his tongue and his whole life must speak the truth. Our ideal physician must be benevolent—generous even to a fault, but just also. No warm-hearted waster of his goods and energies on all and sundry, but ready ever to err on the side of generosity and great-heartedness where there shall appear a fitting object for his compassion.

"He must be unselfish. No life grates more on the selfish than the physician's. He, more constantly than any other man, is called on to sacrifice self, health, wife and children, home comforts and home duties. It is not on the specialist that all this falls most heavily; it is on the general practitioner.

"In short, gentlemen, the life before you is one of labor from the beginning. If you wish to make fortunes do not study medicine. Patients you may have in plenty, and your pockets all the time be very empty, aye, even gratitude may be often denied you. But you have chosen a profession, than which none is more full of scientific interest, no study is more fascinating, no life gives more constant opportunity for the highest moral culture. And now and then you will get a handshake from a husband or father, a look from a wife or mother, that will make you feel that life is worth living after all, and you had rather be a doctor than anything else on earth."

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Book Notices.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY.—By various authors. Edited by Prince A. Morrow, A. M., M. D., clinical professor of Genito-Urinary Diseases, formerly lecturer on Dermatology, in the University of the City of New York, Surgeon to Charity Hospital, etc. In three volumes, profusely illustrated. Sold by subscription only. Price per volume, Cloth $6.50, Sheep $ ——, Half Russia $——. D. Appleton & Co., publishers, 1, 3 and 5 Bond St., New York. Volume 1, Genito-Urinary Diseases.

The first volume of this system is now ready and contains about 1100 pages, royal octavo.

It is quite the fashion of late years to write books in the form of systems. An editor has general supervision of the work, arranges each individual subject, selects one or more authors for each, etc. In this way a division of labor and co-operation of thought is secured, and the result is a book far more thorough and complete than if written entirely by one person.

In his work as editor of this volume, Dr. Morrow has been most fortunate in his selection of authors, and we cannot too highly commend the result of their combined efforts. The following is a list of the subjects and authors:

Anatomy and Physiology of the Genito-Urinary Organs, by George Woolsey, M. D., New York; Diseases of the Penis, by Ramon Guiteras, M. D., New York; Diseases and Injuries of the Urethra, by F. Tilden Brown, M. D., New York; Etiology of Urethritis, by S. Lustgarten, M. D., New York; Acute Urethriti-Gonorrhœa, by George Emerson Brewer, M. D., New York; Chronic Gonorrhœa or Gleet, by William K. Otis, M. D., New York; Endoscopy, by Herman G. Klotz, M. D., New York; Gonorrhæal Ophthalmia, by Joseph A. Andrews, M. D., New York; Gonorrhœal Rheumatism, by Frank Harley, M. D., New York; Genorrhœa of Rectum, Nose, Mouth, Ear, Umbilicus and Axilla, by James P. Tuttle, M. D., New York; Stricture of the Urethra, by J. William White, M. D., Philadelphia; Diseases of the Prostate, by W. T. Belfield, M. D., Chicago; The Functional Disorders of Micturition, by Joseph D. Bryant, M. D., New York; Diagnostic Significance of Pathological Modifications of the Urine (including the most practical methods of urine analysis), by Eugene Fuller, M. D., New York; Urinary Fever, by J. A. Fordyce, M. D., New York; Cystoscopy, by

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Willy Meyer, M. D., New York; The Cystites, by Samuel Alexander, M. D., New York; Injuries and Diseases of the Bladder, by George Ryerson Fowler, M. D., New York; Rupture of the Bladder, by Alexander M. Stein, M. D., New York; Tumors of the Bladder, by Francis Sedgwick Watson, M. D., Boston; Stone in the Bladder, Prostate Urethra and Ureters, by Arthur T. Cobot, M. D., Boston; The Surgical Diseases of the Kidney, by Lewis A. Stinson, M. D., New York; Tuberculosis Uro-Genitalis, by John P. Bryson, M. D., St. Louis; Diseases of the Scrotum, by Charles W. Allen, M. D., New York; Diseases of the Testicle, by Jones Bell, M. D., Montreal, Canada; Diseases of the Testicle, by Edwin C. Burnett, M. D., St. Louis; Hydrocele and Spermatocele, by John A. Wyeth, M. D., and W. W. Van Arsdale, M. D., New York; Varicocele, by Edward L. Keys, M. D., New York; New Diseases of the Seminal Vesicles, by Paul Thorndike, M. D., Boston; Functional Disorders of the Male Sexual Organs, by Prince A. Morrow, M. D., New York; Gonorrhæa in the Female, by Andrew F. Currien, M. D., New York. After presenting the above list comment can be hardly considered as necessary.

It will be observed that a number of subjects not ordinarily found in text-books on Genito-Urinary diseases are discussed here, such as the chapters on functional disorders of micturition and their relation to various morbid states, the diagnostic significance of pathological modifications of the urine, urine analysis, etc. The chapters on endoscopy and cystoscopy contain elaborate and exhaustive presentations of the latest knowledge respecting these valuable aids to diagnosis and treatment.

It is a characteristic feature of the entire work to go into careful details in considering the subjects of diagnosis and treatment, and to present them in a clear and practical light.

In summing up the contents and merits of the book, it is evident from the many important additions that have been made to our knowledge, of the subjects they embrace, that a new and standard work of this kind was demanded, that the edition has selected only distinguished specialists as authors, each one of whom was selected for his special fitness to write on the subject assigned him—that each of these has performed his work in a thoroughly practical way, from his own independent stand point, that it is free from repetitions, though written by about thirty different authors, and that the work is sufficiently comprehensive to serve as a compendium of reference.

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The editor and authors are to be congratulated on bringing out a book of so much genuine worth to the general practitioner as well as the specialist.

The book is profusely illustrated with chromo-lithographs and engravings. The type is large and clear, and the general make up of the book is excellent. H.

BRAIN SURGERY.—By M. Allen Starr, M. D., Ph. D., Professor of Diseases of the Mind and Nervous System, College of Physicians and Surgeons, Medical Department of Columbia College, New York; President of the New York Neurological Society; Consulting Neurologist to the Presbyterian, Orthopædic, and Babies Hospitals. With fifty-nine Illustrations. Octavo, 308 pages, extra muslin, price $3.00. New York: William Wood & Company.

This book embraces one of the most popular subjects, at this time, in the whole domain of surgery. So much attention has been given to brain surgery during the past few years, the subject is so new and the possibilities in this line are so great that all are interested in any work which treats of it. In the preparation of the work before us Dr. Starr has demonstrated his special fitness for the task assumed, and the book will be hailed with delight everywhere. In its preparation the author has endeavored to utilize American observations and to cite American cases in preference to others. This has in no way hampered, for it is, as he says "To the industry and genius of American surgeons that much of the great advance in this department of surgery is due." Quite a number of the cases reported and of the investigations given are from the author's own work and experience.

The author discusses the subject of brain surgery under the following heads: Diagnosis of Cerebral Disease, Trephining for Epilepsy, Trephining for Imbecility due to Microcephalus, Trephining for Cerebral Hemorrhage, Trephining for Abscess of the Brain, Trephining for Tumor of the Brain, Trephining for Hydrocephalus and for the Relief of Intracranial Pressure, Trephining for Insanity, Trephining for Headache and for other conditions, the Operation of Trephining.

It will be noticed from the foregoing sub-headings that the book is devoted to diseases of the brain rather than acute injuries and wounds. A large part of the work is devoted to the consideration of Jacksonian Epilepsy and its surgical treatment. The author states, that the operation of trephining for epilepsy has

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been done more than 300 times during the last five years; 42 cases operated on are reported in this book, 13 of which occurred in the author's own practice. Of the 42 cases reported, 13 were cured, 11 were improved, 15 not improved, and 3 died.

A number of cases, in the hands of the best surgeons, are reported under the various sub-headings.

The chapter on the operation of trephining is especially instructive. The preparation of the patient, the selection of instruments and surgical dressings, the operation proper, the dressing of the wound and the after treatment are fully discussed. Altogether the book is a very meritorious one and will doubtless become very popular.

Whether all of the views of the author will stand the test of time and further research remains to be seen. This subject is so new and the field apparently so wide that it is difficult to even conjecture its boundaries. H.

A HANDBOOK OF LOCAL THERAPEUTICS.—By Allen, Harte, Harlan and Van Harlingen. Edited by Harrison Allen, M. D. Octavo, 500 pages. Price, $4.00. P. Blakiston, Son & Co., Philadelphia.

The need for a book of this character has long been apparent, for there has been no text available in which the *local action of drugs* was not subordinated to their general actions, while the average text-book omits altogether mention of many agents that in the hands of a specialist become valuable aids to cure.

Diseases which require chiefly local treatment are those of the respiratory passages, eye, ear, and skin, together with certain general surgical affections, including the diseases of women; it is, therefore, to the great advantage of the book that each remedy has been thoroughly set forth by different authors who have had large practical experience in these various branches.

Each remedy has been taken up in alphabetical order, and after a description of its pharmaceutical properties, is considered in reference to its physiological effect and value in local treatment.

The demands for thorough revision of local medicaments made by the advance of theories of asepsis, have been fully considered, and a succinct account has been presented of the source and properties of the very numerous new agents which affect tissues locally.

Some drugs have been excluded which have been highly

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praised; on the other hand great care has been taken not to indorse imperfectly attested novelties.

This hand-book embodies the results obtained by experienced teachers, and will prove a very valuable work to the general practitioner. Two carefully made indexes make it a book of ready reference.

DISEASES OF INEBRIETY from Alcohol, Opium and other Narcotic Drugs. Its Etiology, Pathology, Treatment, and Medico-Legal relations. By the American Association for the Study and Cure of Inebriety. Edited by T. D. Crothers, M. D. One large 8vo Volume, Morocco Cloth, 400 Pages, $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The American Association for the study and cure of inebriety, composed of eminent physicians of this country and Europe, has been in existence for more than a quarter of a century, and has held its annual and semi-annual meetings, at which the subject of inebriety in its general and special phases has been ably discussed, for the past twenty-two years. In consequence of the empiric assumptions that specific remedies have been found for its cure, inebriety has of late attracted renewed attention, and an increasing demand has appeared for putting the result of the studies of scientific men in this field into book form that all may reap the benefit of their labors, both as to inebriety itself and its proper treatment.

This association, at a recent meeting, instructed secretary Dr. T. D. Crothers, who has himself had many years of experience in the care and treatment of this class of cases, to prepare this volume from the vast fund of material in its possession. As a result of his labors we have a book carefully prepared, and giving all the latest facts and the opinions of the best authorities in this country and Europe.

In this volume inebriety is treated of as a disease, and the statement is made that before insanity had been considered a diseased condition of the mind and was thought to be a species of witchcraft, or that the insane person was possessed of a devil, inebriety had been recognized as a disease.

The classification of the different forms of inebriety, as made by the author, are excellent, and will aid the student very materially in arriving at a proper understanding of the subject considered, and the course to be pursued in the management of these cases will almost suggest itself to the mind of the physician. The causes of inebriety, both predisposing and exciting,

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the inebriate diathesis, general facts of heredity, the diagnosis, and nature and plan of treatment, are all fully considered. The subject of inebriety is considered in all of its phases and varieties. Inebriety from opium, ether, cocaine, chloroform, etc., as well as from malt and alcoholic liquors, and the work may be considered as complete. In it the student has full instructions for the care and treatment of this most troublesome class of patients. H.

MEDICAL CONSULTATION BOOK. A Pharmacological and Clinical Book of Reference, containing the Therapeutics of a full list of the Officinal and Non-officinal Articles of the Materia Medica, with a consideration of the action of Medicine, including an extensive collection of Favorite Prescriptions from the Most Reliable Authorities of the Medical Profession, and so Classified as to be of Ready Access for Authenticated Treatment of each Disease in its Different Stages and Complications, etc., etc. Designed for the consultation room. By G. P. Hachenberg, M. D., Austin, Texas. Printed at Austin, Texas, by Eugene Von Boeckmann, Printer and Bookbinder. Cloth; 776 pages; price, $7.50.

The general character, aim, and scope of this remarkable book are so fully set forth in the title page, quoted above, that it remains for us to say only, that the author has done his work, as outlined above, well. It is a marvel of laborious, painstaking research and compilation, and is beyond doubt a very excellent work for the purpose of ready reference. And yet it is more than a compilation. The introductory chapters and the "considerations" are original, and do the writer credit. They are written in a style clear and concise, and which would indicate a long familiarity with clinical teaching. The work has met with a courteous reception by the profession, and has been generally commended. It seems to have also met with ready sale, since Dr. Hachenberg informs the JOURNAL that he will at once get out a revised edition, to be printed in Philadelphia. The above book and the TEXAS MEDICAL JOURNAL one year, at the price of the book alone, $7.50. Address this office.

DUNGLISON'S NEW PRONOUNCING MEDICAL DICTIONARY.—A new edition of Dunglison's Medical Dictionary is announced as in press for early publication. It has been thoroughly revised and greatly enlarged, and will contain about forty-four thousand new medical words and phrases. Pronunciation has been introduced into the new edition by means of a simple phonetic spell-

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ing. This work has always been noted for the fullness of its definitions, ample explanation being its distinguishing characteristic. In the new edition much encyclopedic information, difficult of access elsewhere, will be found conveniently at hand. Especial attention has been devoted to matters of practical value A review will appear in an early issue.

Publishers' Notes.

Herpes Zoster.—Dr. Ohmann Dumesnil, in a valuable article on Herpes Zoster, in the *Quarterly Atlas of Derm.*, recommends Peacock's Bromides as a nerve sedative when the prodromic symptoms appear.

In Chronic Articular Rheumatism, in all diseases of mucous membranes, and pain in the parenchymatous organs, which were formerly called rheumatism, and attributed to cold, or for which no other cause has been found, are readily relieved by Henry's Tri-Iodides.

A Superior Alterative and Tonic.—The Elixir Six Iodides (Walker-Green's) is unquestionably a pharmaceutical preparation which possesses great clinical efficiency in the various stages of syphilis, and in almost any form of skin disease. It is highly recommended as a tonic and alterative.

Sharp & Dohme's price list for 1863 has just been received. Their products are used almost universally in Texas, a fact due not only to their reliability as pharmaceutist, but in no small degree to the personal popularity of that prince of peripatetic pilgrims, Mr. Wellington, more familiarly known as "The Duke of Baltimore," and to their steady advertising in the TEXAS MEDICAL JOURNAL.

The First Quarterly Report of clinics, Atlanta Polyclinic, shows over 1100 cases admitted, with more than 3500 treatments, and above 100 surgical operations, including such as cœliotomy for extra-uterine pregnancy, removal sup. maxilla, amputation of thigh at upper third, etc. The Faculty are determined to make the Polyclinic a success, and with the support of Southern physicians, will make it worthy of their confidence.

Dr. E. A. Wood, in *Pittsburg Medical Review*, August 1, 1893, says: "Knowing the power of papoid to destroy germs in ulcers

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and on open surfaces, I have employed it in ozena, ulcers of the larynx, and in ulcers and cavities in phthisis pulmonalis. I have used the drug, first by insufflation, but latterly by using the glycerole of papoid by the atomizer. Since eight months of trial I have been more and more convinced of its efficiency in the lesions named."

I am happy to state that Cactina pillets have been invaluable in my hands, especially in the treatment of long-continued fevers, such as typhoid. Their action on the heart was most marked in a case of typhoid, patient 68 years old. I use them during all the stages of the disease to keep the heart right; and they most certainly do this. Tobacco heart, as others have found, is most amenable to their influence.

JOHN S. BOOTIMAN, M. B., B. S.
6 Havelock, Terrace, South Shields, England.

The Journal is in receipt of the new circular and announcement of the Battle Creek Sanitarium, located at Battle Creek, Michigan. This is a handsome little book, containing many beautiful cuts of the Sanitarium buildings, grounds, views, etc., together with much valuable information to the physician who has a patient requiring the careful and skilled attention that only an institution of this kind can give.

The methods and purposes of the institution are given, also the rates, and some of its many advantages. This is one of the finest and most thoroughly equipped sanitariums in the world, and every physician should familiarize himself with its workings and merits. Write to the superintendent, Dr. J. H. Kellogg, for information.

L. B. Grandy, M. D., Demonstrator of Anatomy and Microscopy, Southern Medical College, Atlanta, Georgia, says:

"Antikamnia has given me the most happy results in the headaches and other disagreeable head symptoms that have accompanied the late catarrhal troubles prevailing in this section. In my practice it is now *the remedy* for headache and neuralgia, some cases yielding to it which had heretofore resisted everything except morphine. I usually begin with ten-grain dose, and then give five grains every fifteen minutes until relief is obtained. A refreshing sleep is often produced. There seems to be no disagreeable after-effects."

A successful remedy in treating obesity, by A. Sandford, M. D., Everett, Mass.—For several years I have been on the lookout for some preparation which would reduce flesh without injuring the the general health, but have never succeeded in find-

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ing one. Several weeks ago, however, I received a pamphlet on the action of Phytoline (the active principle of the berries of phytolacca decandra) in obesity, and about that time a patient applied to me for a reduction in her weight. I prescribed Phytoline, and directed her to take ten drops before and after the three daily meals. She has now taken about two weeks treatment, and tells me to-day that she has lost 15 pounds, and that, too, without making any change in her diet, or affecting her general health. I am pleased with the results, and can conscientiously recommend it.—*Extract from Medical Brief.*

Prof. Edward S. Wayne, for many years Professor of Chemistry, Ohio Medical College, appreciated the value of diuretics in the treatment of disease; that by the great emunctories—the sewers of the body nature eleminates waste material and all deleterious matter from the system, and he set about testing various drugs with a view of getting a combination at once diuretic, and tonic to the mucous membrane of the system. The result of his experiments is offered the profession under the name of WAYNE'S ELIXIR. It is composed principally of Buchu, Juniper and Acet. Potas. The most ultra-ethical physicians can prescribe it, and the most exacting will not be disappointed in the results; not alone in kidney diseases, so-called, but in the fevers of the South, and in rheumatism—that puzzle and plague. Wayne's Elixir is especially brilliant in its effects. It has been pronounced by admiring friends a *specific* in catarrh of the bladder, gravel, etc. See advertisement and write for sample. Mention the TEXAS MEDICAL JOURNAL.

Sennine, the New American Antiseptic, Non-Poisonous, Non-Irritant, Odorless, is a product of Boracic Acid and Phenol.

Convenient, inexpensive, applicable in powder form, and dressing. One ounce dissolved in boiled water makes one quart of liquid of proper strength.

Externally, five parts of SENNINE dissolved in 100 parts boiled water, will be of desirable strength for an antiseptic surgical wash, and for the treatment of catarrhal affections of the mucous membrane of all parts of the body. An excellent dressing for burns, scalds and sores is obtained by mixing one part with ten parts of vaseline.

Internally, one to five grains of SENNINE three or more times a day, is a powerful remedy in fermentative dyspepsia, typhoid fever, cholera infantum, cholera Asiatica (especially as a rectal injection, five per cent.), and other fermentative diseases of the stomach and bowels.

Dysmenorrhea.—C. F. Baker, M. D., Decatur, Mich., says: "I have prescribed Aletris Cordial in two cases, with very favorable results. The first, a case of suppressed menses of short

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duration. Her age was about fifteen years. Had been regular for over a year; missed her catamenia for the first time, and suffered from headache and general malaise. The Aletris Cordial, in teaspoonful doses three times a day, set her all right in a few days. The second was a case of dysmenorrhea. Age of patient, about twenty-eight or thirty years. Had always suffered extremely at her menstrual periods, unless under the influence of some narcotic, and almost always obliged to take her bed for two or three days at each period. She used a half-pound bottle of the Aletris Cordial, in teaspoonful doses three times a day, with perfect relief from pain while under the influence of the cordial, or to use her own words, she would not have known by her feelings that she was unwell, and did not feel different in any respect than when in her usual health.

The Value of Ponca Compound.—More and more, as time passes and the smoke of discussion gives way to solid conviction, is the profession impressed with the thought that there are many of the diseases of women and girls which, under no circumstances, require or should receive manipulative or mechanical treatment. Indeed, conscientious physicians, recognizing the neurotic factor and granting to the uterus and its appendages the privilege of being locally disturbed by constitutional conditions, are ready to receive gratefully and enthusiastically such a remedy as ponca compound. It serves as a general stimulator of secretions, and as a tonic in general. The indorsement of such men as Dr. A. M. Owen, of Evansville, Ind.; Dr. Thos. Hunt Stuckey, of Louisville; Dr. Arch Dixon, President of the Kentucky State Medical Society; Dr. Wm. F. Kier, of St. Louis, and hundreds of others scattered over the country, is convincing proof of the value of ponca compound.—*Medical Mirror.*

A Popular New Remedy.—There are few of the newer remedies that have met with more approval from the profession than has Pichi (*Fabiana imbricata*). It has proved one of the most valuable of remedies in general vesical and genito-urinary troubles. Pichi is diuretic; favors the expulsion of calculi and gravel, and relieves the irritation caused thereby; modifies favorably purulent discharges; and acts as a general stimulant of the excretory functions.

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The habitat of this drug is South America.

It is diuretic, tonic, terebinthinate. It calms irritability, and quickly modifies the urinary secretions in gravel and uric diathesis.

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request to Parke, Davis & Co., who were the first to introduce the virtues of Pichi to the American profession.

Sulfonal.—Prof. Kast [Arch. f. axp. Path. u. Pharm., ℨ1, I] from a study of the published cases in which poisonous effects have followed the use of sulfonal for a prolonged period, gives the following as characteristics of the condition of chronic poisoning by the drugs. (1) Disturbances of digestion, as vomiting, diarrhœa, or constipation, (2) of the nervous system, as ataxy and feebleness of the limbs, ptosis, and ascending paralysis; (3) ischuria, oliguria, sometimes albuminuria, or the presence of hæmatoporphyria. These are the chief signs. Kast is of the opinion that a cumulative action of the drug produces, instead of a transitory diminution of the nervous excitability, a permanent depression thereof, just similar to that caused by a single large dose. He finds that the dose best calculated to produce a hypnotic effect is about 30 grains for a man and half the quantity for a woman. These quantities should be the maximal daily doses. He advises also that an interruption should be made from time to time in the use of the drug, so as to ensure its elimination. Loss of appetite, vomiting or pains in the stomach he regards as indications for the immediate discontinuance of the remedy,—*British Medical Journal*, Feb. 11, '93.

Neuralgia.—Dr. Dujardin-Beaumetz, in the *Bulletin General de Therapeutics*, Paris, February 28, 1893, in revising the subject of the central origin of many forms neuralgia, closes as follows:

"After all, the daily practice of medicine supplies the central theory of neuralgic pains with a decisive argument. It is a matter of common occurrence that cases of neuralgia of the trigeminal, sciatic, or superficial nerves, that have stubbornly resisted the action of the various local anæsthetics and different forms of counter-irritation, disappear as if by magic after only a few days' use of Bromidia. This extraordinary result is readily explained by the well-known physiological effects of the active elements of Bromidia. Purified brom. potass. and chloral, cannabis indica, and hyoscyamus; for it must be remembered that they act on the cerebro-spinal centres. Therefore, in the great majority of cases, at any rate, neuralgic pains have a central origin, and in this way is once more verified the truth of the old Hippocratic axiom: '*Naturam morborum ostendunt curationes*,' by the use of a preparation that is now so well known as to no longer require any praise—Bromidia."

The second edition of *The Cosmopolitan* for September brought the total edition up to 211,000 copies, without doubt the largest edition of any magazine in the world for this month. It remained for *The Cosmopolitan* to have the World's Fair treated in a single

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number by twelve different writers. As the exposition of 1893 must remain one of the leading events in the history of the United States, the most distinguished men were asked to prepare this magazine volume, which is destined to become valuable as one of the most perfect descriptions of the World's Fair. Among the number of those who contribute are our only ex-president, Walter Besant, the most distinguished of the English literary men who visited the exposition, and a host of others. Besides the usual fiction, including a story by Mark Twain, entitled, "Is He Living or Is He Dead," and the regular departments, *The Cosmopolitan* contains nearly one hundred illustrations devoted to the World's Fair, including eleven full pages. It is pronounced one of the most remarkable of the publications yet issued regarding the Fair. It is a completely illustrated guide or souvenir, as one prefers to call it, by the most famous writers of the day, put before the reader at the price of 12½ cents, and more than the equal of the books of the Fair which sell for seventy-five cents and one dollar.

Sanmetto.—I have used several bottles of Sanmetto in my practice, and can unhesitatingly recommend it in cystitis, disease of prostate, and sexual impotence. I have lately succeeded, by its use, in curing a patient who had been under the care at different times of four physicians of undoubted skill. The man, aged thirty-two years, had suffered from childhood with incontinence of urine, of late years obliged to rise six or seven times nightly to urinate. This act always gave him pain. For the last five years quantities of thick, stringy mucus were passed, and occasionally clots of blood. His health gradually became undermined, and the consequent emaciation, lassitude and nervousness made it necessary to give up his occupation. Besides, all sexual power was lost. In less than a month after beginning the use of Sanmetto power of erection returned, pain in prostate disappeared, and he urinated but once in the night. In two months blood disappeared from the urine and his weight increased eleven pounds. I now buy Sanmetto by the case, and shall continue to employ it wherever indications warrant. This testimonial is entirely unsolicited, and is the first I have ever given to any proprietary medicine, though I am now over fifty years of age. The manufacturers of Sanmetto made it possible for me to thus indorse the preparation by the way in which the product of their laboratary is presented. Neither indications nor dose appear on the bottle; nor is it surrounded with a wrapper describing its uses. In this respect they commend themselves to the profession. I cordially wish its manufacturers prosperity, and that Sanmetto may be as fully and widely known as its merits and the honorable character of its manufacturers deserve.

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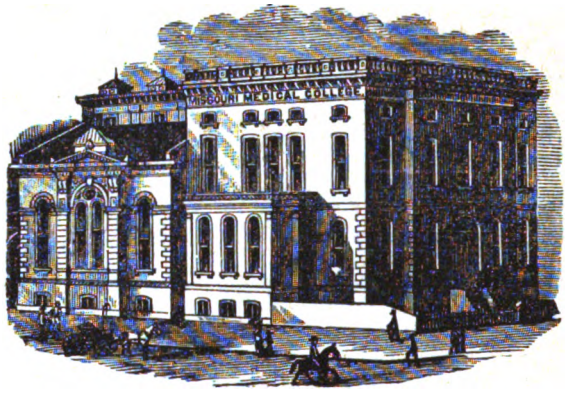

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For Texas Medical Journal.

TUBERCULOSIS AND THE FRENCH CONGRESS FOR ITS STUDY.

R. H. L. BIBB, M. D., SALTILLO, MEXICO.

IN VIEW of the great importance of everything tending to a better understanding of the nature, prevention, and cure, of tuberculosis, it is believed that a short review of ideas expressed, and experiences related, at the recent meeting of the French Congress for the study of tuberculosis in Paris, July 27 to August 3, of this year, by a few of France's wisest, most scientific, and experienced physicians, will not be wanting in interest to those to whom such information must needs come indirectly.*

Concerning the respective parts played by inheritance and contagion, in the diffusion of tuberculosis among animals, M. Nocard, although not absolutely denying its transmission from parent to offspring, regarded it as of secondary importance in comparison with contagion, which latter must be intimate and prolonged to affect healthy animals. M. Empis, who had never seen a case of contagion in man, and who doubted its occurrence even between husband and wife, declared the opposite true in the human race—inheritance being its chief, if not only, means

* The data on which this article is based is taken from "La Clinique Francaise" for August, 1893.

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of dissemination. To this assertion M. Hèrard responded that the fact of contagion, especially between husband and wife, was, and had often been, too incontestably proven to admit of even a shadow of doubt.

M. d'Hôtel (Poix-Terron, Ardennes), speaking from an experience gained in fifty years of active practice among rural populations, where it was easy to observe families for several generations, where he could follow up cases of contagion, and where he had studied tuberculosis in the light of heredity and contagion in a series of fifty observations, containing from two to twelve patients, each, concludes the disease is not hereditary in the absolute meaning of the term; that it transmits, by inheritance, a predisposition, and that it increases in contagiousness with density of population.

In 75 cases of infantile—surgical—tuberculosis, observed by M. Goudry, only ten cases were hereditary. He believes instances of inherited form of the disease extremely rare, that from contact alarmingly frequent.

Speaking of Belgium, M. Degire declared that tuberculosis, by contagion, was a veritable plague among the peasantry of that country, and that, principally as a contagious disease, did it merit notice from a sanitary standpoint.

In 17 animals, inoculated with tuberculine by M. Siegen (Luxemburg), for diagnostic purposes, ten showed marked reaction, and, on being killed, were found to be tuberculous, while of the seven, showing no reaction, no evidence of disease could be found. According to this observer, the most insignificant deposit reacts to tuberculine; but the amount of deposit does not influence the degree of reaction.

Of 410 animals, inoculated with tuberculine by M. Degire, 183 reacted, and were demonstrated to be diseased. He considers the reaction pathognomonic of tuberculosis, and believes the amount of reaction is determined by the extent of the disease.

M. Aubeau (Paris), honorary president of the Clinical Society of Physicians of France, announced that by bacteriological examinations of the blood, milk, spermatic, and other fluids, he was able, not only to diagnose tuberculosis in advance of the usual symptoms and signs relied on for that purpose, but could diagnose the disease by this method, while yet none other would furnish the faintest suspicion of its presence. He stains his preparations with Ziehl's carbol-fuschin, and exhibited various specimens of milk, blood, and spermatic fluid, prepared with the

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assistance of M. Galasz, containing Koch's bacillus. M. Aubeau believes his discovery explains and proves the direct transmission of the *bacillus tuberculosis* from father to child—an infection at the moment of fecundation.

Various members of the Congress—M. M. Verneuil, Nocard, Strauss and others—argued the possibility of the patient furnishing the spermatic fluid containing tubercle bacilli, having an inappreciable tuberculosis of the testicles, or of the seminal ducts, M. Strauss, basing his opinion on the fact that the bacilli in the specimen, were not isolated, but grouped in bunches, as in sputum.

Replying, M. Aubeau denied that the patient had tuberculosis of any of the genital organs, and stated he had other analogous preparations. He asserted that in spermatic fluid from cases of genital tuberculosis, the bacilli are found in and among the leucocytes, mucus, pigment, spermatozoids, and cellular debris, while in cases without appreciable genital involvement, nothing was encountered in the spermatic fluid but the bacilli and spermatozoa; and that in the preparation submitted to the Congress, not a leucocyte, fragment, or fiber of any kind, was to be seen; on the contrary, it was remarkable for its purity, and the absence of everything else but the spermatozoa, colored blue, and the bacilli, colored red. M. Aubeau reiterated the assertion that he had often detected tubercle bacilli in milk, human and animal, when no other evidence of the disease could be disclosed, in the mammary glands, or in the patients themselves.

M. Degire added that, inasmuch as Koch's bacillus had, undoubtedly, been frequently found in milk from tuberculous cows with healthy udders, it was quite rational to expect their presence in spermatic fluid from sound genital organs.

M. Nocard insisted that in all such cases there certainly existed in the lactiferous and in the genital organs, foci of infection which had been overlooked, possibly, because of their extreme minuteness.

Admitting the validity of objections urged by Verneuil, Nocard and Strauss, it is claimed that the importance of any method that can be applied to the milk and spermatic fluid for determining the presence of tuberculosis in the milk and generative organs not appreciable to other methods of diagnosis, cannot be overestimated. Hence it is that the admirers of M. Aubeau insist that objections, possibilities and probabilities, even from such

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eminent sources, are powerless to detract from the importance of his discovery.*

M. Babés, who, in conjunction with M. Cornil and Deloir, has been experimenting since 1883 with vaccinations of attenuated tubercular virus from rabbits; while Koch and Grancher were experimenting with cultivated virus attenuated by age, and while Richet and Hericourt were demonstrating that dogs could be made refactory to human tuberculosis by injections of cultivated aviarian virus, related his experience in producing immunity in animals and in the use of immunized serum (serum-therapy) in animals and in man.

He stated he had produced absolute immunity in dogs, immunity to injections of large quantities of human virus, by commencing with injections of considerable amounts of aviarian virus, repeating in a few days and periodically, the inoculation quantities of virulent cultivations. His process is:

1. An injection of aviarian tuberculine.
2. An injection of a cultivation of aviarian virus attenuated by one year's age.
3. In eight days an injection of one gram of a one month's cultivation.
4. Eight days after, an injection of three grams of the same cultivation.
5. Eight days after, five grams of the same cultivation.
6. Human tuberculine.
7. Old human cultivation.
8. Five centigrams of recent human cultivation.
9. Twenty days after, one gram of the same cultivation.
10. In ten days, another injection of two grams of the same cultivation, and so on, until the animal is completely immunized.

The process of immunization was very fatal to the animals experimented with. Out of 20 dogs, 50 rabbits and 2 guinea pigs, used in these experiments, M. Babés had left, at the end of the year, and immunized, 4 dogs, 2 rabbits and 1 guinea pig,

*Commenting on the importance of this discovery, the editor of "Le Medicine Practique" writes: "If we have such a diagnostic element, while nothing else appears to reveal tubercular activity; if we have such precious means of enlightenment, then we have something destined to revolutionize the prophylaxis and hygiene of tuberculosis * * * the possibility of killing the bacillus before it begins its terrible work of destruction, can be onsidered.

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the others having died from parenchymatous nephritis due, as he thinks, to associated microbes, Many of his animals died after considerable immunity had been produced in them.

M. Babés stated that he had used the serum of the blood of dogs thus immunized, in the treatment of tuberculosis (human and animal) and tubercular leprosy, giving from 3 to 6 grs., with one per cent of carbolic acid, hypodermatically, daily, with "marked benefit," "ab initio," in every grade of tuberculosis and tubercular leprosy. All of his patients increased in weight, strength and appetite. Cavities contracted, cough and expectoration diminished, and in two cases, the bacilli disappeared completely from the sputum. In leprosy, while the lepromas lessen in size and the patient showed other evidences of improvement, serum therapy is less potent than in tuberculosis.

Inasmuch as its vaccinæ, as demonstrated in his experiments, are greater than its therapeutical properties, M. Babés proposes to vaccinate children from tubercular parents with immunized serum in order to fortify them against and protect them from, the dreadful disease that threatens them.

M. Bernheim (Paris) has made many efforts to immunize animals, using cultivations attenuated by age, broths rich in Koch's bacilli destroyed by heat, and cultivations attenuated with antiseptics, but only accomplished his purpose after resorting to a method analogous to that of Behring, Kitaseta and others for diphtheria and tetanus. He heats for one hour and a half, to 80° Cent., a pure culture of tubercule bacilli, which he passes, at once, through a Chamberland filter. Of this filtrate, he injects ("intra-vascular") about twenty drops for each twelve pounds of the animal's weight. Animals subjected to this process, although repeatedly inoculated with virulent cultures of tubercle bacilli, have been found completely refactory. In some cases, however, when the injections had been made with a highly concentrated virus, some of the animals died of anteintoxication associated with non-tubercular abscesses.

With serum obtained from the blood of animals immunized in this manner, Bernheim injected other animals, first, immediately before; second, immediately after being inoculated with a higher concentrated and virulent virus, and, third, animals with extensive tubercular lesions, with the result that in no case, in the first and second series, has an animal died of tuberculosis, while those of the third series died in great numbers; but much later than did control animals of the same series. In the animals of

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the third series that did not succumb to tuberculosis and were afterwards killed, autopsies showed the tubercular lesions to be in process of active repair.

Bernheim stated that he had used immunized serum in 105 cases of human tuberculosis in every phase and grade of the disease, and with, invariably, favorable results. Those without advanced or grave symptoms have been cured, temporarily, at least, inasmuch as the bacilli, and all physical, objective and subjective signs have disappeared.

He regards this serum-therapy as absolutely harmless, and recommends that from one to two hundred drops (5 to 10 c. c.) of it be injected in the interscapular region every second day until forty injections have been made, by which time its effects, favorable or otherwise, will have been demonstrated.

In Bernheim's opinion, the favorable results following the use of immunized serum are neither due to tonic action nor to psychic suggestions, but to a real, a specific vaccinal property against the bacillus tuberculosa and its toxines, by which the latter are neutralized, thus permitting leucocytic and phagocytic action, and in turn, destruction of the bacilli themselves. It being impossible, in his conception, to saturate the organism with medicaments sufficiently active to destroy the bacilli without endangering the life of the individual, Bernheim declared it was high time for the profession to abandon the false idea of direct attack upon these micro-organism, in favor of the safe and powerful process offered by immunized serum.

During his investigations, Bernheim treated numbers of consumptives with artificial and with ordinary serum, and with antiseptic medications,—methods of undoubted utility, but, as demonstrated by him, greatly inferior to immunized serum, as evidenced by the fact that patients with rapid, febrile phthisis, not affected by injections of phenicated oils, nor when saturated with the salicylates, the safest, best and most efficacious of all the anti-microbics against the tubercle bacillus, have invariably improved, and at once, on changing to immunized serum, many having been cured.

While not a believer in direct transmission of tuberculosis from parent to offspring, Bernheim recognizes in such subjects a constitutional vice that renders them peculiarly susceptible to the tubercle bacillus, and joins M. Babés in urging immunized serum as a protective measure in such cases.

M. Ch. Leroux (Paris) reported that in fifty cases of infantile

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pulmonary tuberculosis treated with hypodermic injections of iodoform at the Furtado-Heine dispensatory, thirty-five showed various degrees of improvement, local and general, while in the remainder, many of whom were injured, no good results were obtained.

M. de la Jarrige injects, daily, into the tracheas of his phthisical patients, with varying results, from one to two ounces of the following mixture: Menthol, 70 grains; creosote, 2½ drams; sterilized oil, 4 ounces, and claims that it is well tolerated and quickly absorbed.

Weil and Diamantberger use equal parts of gayicol and oil of sweet almonds, and inject it, subcutaneously, in from one to twelve drams doses, every twenty-four hours, with, as they assert, benefit and safety.

Microscopists and pathologists agree that tuberculosis is a parasitic disease, and there is great unanimity among clinicians that it is disseminated chiefly by infection or contagion. According to statisticians, the disease is alarmingly on the increase, while the experience of most therapeutists is, that it is almost, if not quite, incurable. Looking at the subject in the light of these facts, for facts they are, it seems pertinent to inquire: What are the exigencies of the hour, how are they to be met, and by whom? A proper response to these inquiries, one that will fill the requirements, is too broad, too intricate and too important to be attempted in this paper, did ability permit or space admit the report.

Whatever may be the final solution of these all-important problems, whether by vaccination with immunized serum as proposed by Babés, Bernheim, and others, or whether by invocation "of the strong arm of the law," as is being seriously discussed in some parts of Europe, and the victims of tuberculosis isolated, as in cholera, yellow fever, etc., much may be done, even now, by physician and patient towards preventing the spread of consumption, by strictly observing the suggestions of Dr. Rochester, published in the *Medical News* of September 2, 1893. The "Pennsylvania society for the prevention of tuberculosis" offers, through its secretary, E. Leslie Gilliams, 806 Walnut street, Philadelphia, to supply its circulars, "*How to avoid contracting tuberculosis*," and "*How persons suffering from tuberculosis can avoid giving the disease to others*," to all who will join the society and pay one dollar, in such numbers as they can advantageously use, without other expense. The cir-

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culars will be furnished any one, however, whether a member or not, on application to the secretary. Physicians, everywhere, should exercise themselves in this behalf, and see to it, that these valuable little publications are scattered broadcast throughout the land.

On the dangers arising from dried tuberculosis sputum, an editorial, on "The prevention of phthisis," in the *British Medical Journal* of September 23, 1893, has this to say: "All evidence goes to show that putting on one side infection by food, which comes under a different branch of sanitary work, the great and constantly acting cause of phthisis is the respiration of phthisically infected dust, and that the source from which the dust becomes infected is the sputum of consumptive patients. Whether we look on the large incidence of phthisis on those who pass their time in dusty workshop, and who dwell in dirty, ill-kept houses, as proof of the direct infectiousness of the disease, or whether we accept the view, held by some, of the saprophytic existence of the bacillus tuberculosis—that is, of its power to develop apart from the living body, to live and grow on damp walls in dark dwellings, as distinct from its merely resting there as a spore, and thus make the disease become endemic in 'tubercular infective areas,'—in either case we must look to dust as the means of communicating the infection, and to want of cleanliness as the cause of its continuance. We wish we could feel sure that the medical profession at large recognize, as fully as the facts warrant them in doing, the infectiousness of tuberculous sputum and the danger of letting it dry into dust."

For Texas Medical Journal.

NEWSPAPERS VS. THE DOCTORS.

BY HENRY RIDER-TAYLOR, OF THE SAN ANTONIO (TEX.) "DAILY LIGHT."

IN THE JULY ISSUE of THE TEXAS MEDICAL JOURNAL I found a very able and interesting editorial upon the above subject. While in some cases I agree with the writer, there are other material points on which I differ from him. As there are two sides to every question, and the question is one of great importance to both professions, I propose to place before the medi-

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cal profession the newspaper men's views, in order that it may be the better understood. As I have had thirty years' experience in this country, and in England, as an editor, reporter, and journalist, I have associated much with medical men, and have discussed the subject considerably, I think I may, without egotism, venture to adopt this course.

In the first place, I am compelled to take issue with the writer when he states that the non-professional press is, as a rule, inimical to the regular medical profession. This certainly is not true, for it has done all in its power, voluntarily, and without price, in advancing the interests of worthy practitioners, and of making them famous, or popular, and thereby adding to their prestige and wealth. I am also compelled to refute the idea that because doctors do not advertise, the press is prejudiced against them. This is disproved by the fact that those doctors who get complimentary notices give no more advertising than those who do not. I also resent the inference that the press fosters quackery, because I know that the press has done more to expose quackery than all the medical associations of the country combined, for they talk literally to themselves, and the newspapers talk to their thousands of readers. I write of the press, as a rule, for there may be newspaper men who, like some doctors, are foolish and even venal.

But the great question at issue is, should doctors advertise in the newspapers? Many do and many do not. Naturally, as a newspaper man, I say "yes," for I can see no reason why doctors should not advertise, and derive the benefits of it, any more than the members of any other professions, but I certainly would have them advertise in a gentlemanly and professional way, confining their advertisement to name, degree, or titles, the college, or society, conferring them, the professional positions they have filled, or are filling, the "special" line they have, if any, and the places and hours of attendance. I would object to a "quack" advertisment from a professional as much as a board of censors, but I am quite sure that none could reasonably, or logically, object to this kind of advertising.

The cry that doctors should not advertise, is inconsistent, and even the professed objectors do it, but in an indirect way. On all doctors' residences, and at the drug stores, are found the doctors' signs; their names are capitalized in the directory (paid for as advertising), and appear on the fly leaves of hotel registers, or on cards, or banners giving hotel rules that are displayed in

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the guests' rooms. What are these but advertising, and would they be more out of place in a newspaper than thus publicly displayed? I think not, and I believe that most men will agree in this opinion.

It is not usual here, I admit, but I think that every doctor should not only give his degrees, but the college at which they were acquired; also his record, i. e., of positions filled, for the mutual interests of himself and his would-be patients. This is done in England, the doctor signing M. D., Lond., Edin., or other abbreviation, flanked by his F. R. C. P., or his M. R. C. S., which shows distinctly what he is and where he stands. There is, I think, good reason for this, and I will tell you why. Say, "Dr. Smith" and "Dr. Jones" arrive in a city, and propose to locate. "Dr. Smith" is a graduate, with honor, at one of the leading schools of medicine; has filled several good positions most satisfactorily, is in every way qualified, and entitled to public confidence and support. "Dr. Jones" is a beardless youth, an impractical non-entity from a doubtful, though recognized, college, full of vague theories, and devoid of practical knowledge, yet both are doctors, and the people, not knowing the material difference, would as soon have one doctor as the other. Where, then, is the reward for the experienced man, and why should an inexperienced man be foisted on the people when it may be a matter of life and death to the patient? It may be all very well to talk of "every man must have a beginning," but I rather suspect that most men—if they knew it—would object to being made the subject of experiment by an unsophisticated doctor. But how in the world are the people to know which is which, except by judicious advertising?

Now, in my experience, especially in this country, I have seen many doctors so scared by a so-called code of ethics, or so mean that they will, hypocritically, hold up their hands in pious awe at the doctor who honestly advertises in the newspapers and pays for his advertisement. and yet they will sneak around, flatter and treat a reporter for the mere purpose of getting a free "ad." of this or that case. Of course, these are comparatively few and they derive very little benefit from their meanness, for the average reporter is not caught by mere flattery, sandwiched with the drinks and cigars.

In regard to complimentary notices that appear in the newspapers respecting doctors I see no valid reasons why they, like other people, should not be subject to fair criticism and be

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praised or censured as the occasions demand. Law is considered as honorable a profession as that of medicine, and yet none would kick or cite a "brother" before his bar association because a paper said that "Attorney Williams" made a most eloquent and pathetic defence of his client, or that "Attorney Brown" then skillfully cross-examined Mandy Smith and elicited some important points against the plaintiff. If this be the case, as it surely is, why then should not the doctor have due credit for this treatment, that operation, etc. Why should he not receive the reward of his study and experience when that reward means the fame and wealth that he has honestly and honorably earned?

When Grover Cleveland had the tooth-ache, Mrs. Cleveland had a baby, Bismarck had a return of the gout or when any prominent person is sick, the news is flashed all over the country, the doctor's name is mentioned and even his statements are published, and no one ever thinks of kicking at the alleged violation of the code of ethics, but let some prominent citizen in a village or city be seriously ill and the doctor's name is mentioned or his statements are published and jealous rivals will howl at the violation of the code, cry "quackery" and use other undignified epithets, yet news of that sick man may be of more importance to the community than that of all the politicians and throned monarchs of the earth. Not only this, but some doctors have been cited to appear before local medical associations to answer the charge of the violation of the code of ethics, the sole ground for such charge being that their names have appeared in the newspapers in connection with their cases, and, as has been proved, without their knowledge and consent! Who were the kickers? Was it those doctors who have controlled or do control the leading practices of that locality? Oh dear, No! These men are too great for such petty meanness. * * * *

It is the duty of the newspaper man to collect all news of a legitimate character, and in this capacity he is a frequent visitor to the local doctors. Usually he is received with courtesy and all information that can be legitimately given, is accorded; but there are doctors, and the smallest in calibre is the worse offender, who churlishly refuse information on the ground that they have not time to talk and yet can be seen swilling beer or liquor by the hour in a neighboring saloon. These doctors are wise not to tell what they do not know, but they were foolish in supposing that an experienced newspaper man can be fooled in that

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way. And yet these men have the audacity to growl because they do not get the newspaper notices that their courteous and meritorious fellow-doctors cordially receive.

There is another phase right here that should be considered. The newspaper represents the public who naturally look upon it as a source of information and inter-communion. Now, suppose some accident occurs, or some crime is committed; where does the public seek its information? In the newspapers, and it is to the interests of all that correct data be given. Who can give authoritive information as to the nature of injuries and their probable result? Only the doctor in attendance. Then should he not, as a matter of courtesy to the public, as well as to the newspapers, give such information as he can, providing no confidence is betrayed, and the ends of justice are not frustrated? Such details are usually given, but there are doctors,—thank goodness they are few—who cannot or will not give the required facts. I remember some time since, a woman was shot, and I was detailed to investigate the case. I learned that Dr. ——— was in attendance, and spent half a day hunting him to get accurate details. At last I found him. He knew who I was, and I courteousy made my request, but he refused to state the injuries or prognosticate the result of his operation (under which the woman died, by the bye). Naturally I asked why, and he simply answered, "Because I do not choose to do so, sir." I had to get the required details as best I could, through a faulty source, and as a result, the report of injuries was slightly erroneous; then bless me, if that very doctor had not the cheek to read that report to several doctors assembled in a beer saloon and to sneeringly remark "what d—— fools these reporters are." If that doctor had done his duty as faithfully as the reporter, or had possessed a due sense of gentlemanly courtesy, the error would not have occurred. It is such men as these that antagonize the press, and then kick because the independent press will not fawn upon or flatter them.

I deny that the press fosters quackery, though it is a natural adjunct to their business. The columns of the newspapers are open to the legitimate doctor and the "quack" alike, and if either offer an advertisement the same rate is charged and the "ad." accepted, for a paper to be successful must be run on business principles, and advertising is its main source of revenue. The "quack," realizing the advantage of advertising, is a lib-

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eral advertiser, and usually a prompt payer. It is right here the quack gets in his work. He strikes a city and has a big "ad." in all papers, consisting of self-laudation, exhibition of titles that are of a bogus character, and testimonials of cures that have been secured from the deluded and mercenary. He rakes in the dollars in abundance, while the ordinary doctor drags out a bare existence. The local doctor has only himself to blame. Why? Simply this, because few know him, and even those who have heard of him are not acquinted with those qualifications that would, if known, have commanded a lucrative support. I am satisfied that if the doctors would only advertise more extensively and let people know who and what they are that the quack's harvest would be materially reduced.

Now, one word in regard to the code of ethics. If I understand it rightly, it is simply to ensure professional courtesy and for mutual protection. Such a code is desirable and commendable, but that often practiced bears as much resemblance to the true code as a dude does to a gentleman.

Let me in conclusion say—and say honestly—that as a body I honor the medical profession, appreciate its excellence and admire its charity. For years I have been on intimate association with doctors, some of my dearest friends are in their ranks and even I—at one time—"walked" St. Mary's Hospital, London, with a view to embracing the profession. Thus, knowing and sympathizing with both professions, I have dared to write freely and honestly, laying bare the disease in order that it may be fully examined, and a radical cure effected. I have not done this to abuse, ridicule or injure the profession, but in order that the doctors may clearly understand the newspaper men's views, and that, understanding them, a better and more amicable spirit may be engendered between the doctors and the newspaper men for the common good.

For Texas Medical Journal.

A MEXICAN REMEDY FOR DYSENTERY.

BY DR. R. T. KNOX, M. D., GONZALES, TEXAS.

FOR three years, I was personally a sufferer from chronic dysentery, which is possibly the most irrepressible foe one can have to comtend with. It was at first malarial dysentery, brought about by over work in the sick room, and extreme ex-

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posure in a climate filled with poisonous matter, living in it day and night for many days, on one of our most sluggish streams, surrounded by lakes and marshes covered over with quantities of green scum and moss. I was attacked about May 1, 1889, the disease continuing in an uncontrollable manner all summer and fall. The bloody discharges were immense for four months or more, with duodenitis, colonitis and rectitis involving the entire track of the bowels, no medicine controlling, although holding in abeyance the discharges for a time; no diet suitable. Even bread, "the staff of life," was for six weeks utterly ignored. Thousands of prescriptions, or remedies, were proposed, many of which were tried. Loss of flesh and strength were marked, as could be expected.

The best kind of medical attention was given me, both at home and in adjacent cities. While sick at Gonzales, my home, I had the professional care of Drs. J. C. Jones, N. C. Tate, and J. J. Fouts. When at Kerrville, that of Drs. Palmer and Everts, also Dr. Hicks, of San Antonio, my friend Dr. R. H. Harrison, sr., of Columbus, and my son, Dr. T. R. Knox, of Hallettsville, all of whom were untiring in their attention, the last two named leaving their distant homes and business to look after my wants. To these several gentlemen, masters of their calling, I will ever be grateful; they nursed and cared for me like brothers indeed, and here is an offering to their skill and kindnes, all of which was so markedly shown in their treatment of my case.

Every resource was drawn upon by them and my family for my comfort and relief, and everything was done and tried. Irrigation to the bowels with warm water, and at different temperatures; hydrastin lactopeptine, bismuth, opium, salol, petroleum, as also many other medicines by the mouth; nitrate of silver injections, with suppositories of opium, and belladonna, with milk and Mellin's food for diet, change of climate to mountain air for many weeks, thence to the seaside coast for fish diet; yet all afforded but little and temporary relief. Night was the time of greatest disturbance, owing to relaxation and warmth.

Time wore on, and I wore on with it, not being worn out by the disease, nor wearing it out; but from a robust man of 196 pounds I was pulled down to 142 pounds, unfitted for any kind of work or exercise; œdema of the legs very great, impeding the locomotion, causing a "tired feeling" at all times, relieved only and temporarily by frequent bathing with warm water.

Venturing from one article of light diet to another more sub-

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stantial was risky uncertainty, no fruit or vegetables only the roasted Irish potato, was tried, with the hope of easy digestion. It was well received by the stomach, but proved a scourge when passing along the bowels; so it was abandoned. My friend, Dr. C. E. R. King, of San Antonio, urged me to hope until *peach time*, peaches would cure me. Peach time, however, never came, nor did the cure. This suggestion has much merit, as no doubt the peach juices are good for this condition—the acid it contains. The horse radish root chewed, and the juices only, swallowed, possibly did more good than all else.

Nothing gave more than temporary relief; discharge after discharge of quanties of bloody matter, accompanied with much pain. I was hungry all the while, yea, ravenously so, and this in a land of plenty, and to spare.

And now, if you will pardon my long statement, comes the strangest part of this history, and however it may be to you, the part most enjoyable to my patient. An intelligent farmer, Wm. Mahon, a friend from the country who came to see me, who claimed he had been a long sufferer in a like manner, and had been cured, wanted me to try the remedy he used. This same thing had been suggested to me by Mr. J. R. Roschell, druggist of this place. He had with him the medicine in the form of a bush, or shrub, a native product or growth here. From this was made a tea, or infusion, and this was drunk freely before each meal eaten; he insisted on my trying its merits. He being extravagant in its praise, obedience was reluctantly given to his wishes. He brought me a quantity of the shrub, from which a quantity of tea was made, having the appearance of beautiful sparkling beer. Of this I drank free quantities before each meal. But oh! for Marah's bitter waters to put a sweet taste in my mouth, as one would fancy it was no way comparable to this bitter dose; bitter was no name for it, it was *immensely* bitter.

I met several intellelligent Mexicans, and endeavored to learn the name of this growth, which in the Mexican language is *Bisbiranda Armagosa*, while one told me it was known by the Americans as "chapparo bush," while each said for diseased bowels it was "bueno" (good), all insisting on this as a fact.

Its use was continued earnestly and persistently. After three days the condition of the bowels was found to be much improved.

The medicine was kept up, and after two weeks' use of this simple remedy the bowels were under control, digestion quite good, the actions consistent and partially moulded, a condition

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which did not exist only a very few times during the three years. Sleep was good, undisturbed through the entire night; strength followed. There was an appreciable alterative action going on, as the drug seems to possess this beneficial property.

[The above is extracted from a paper prepared by Dr. Knox for the meeting of the Texas State Medical Association held in Waco April, 1892. At that time he was still suffering, but under the use of this medicine was improving rapidly, and hoped at next meeting, he said, to exhibit his patient (himself) sound and well. The doctor fully recovered his health and strength, and attributes to cure to the use of the *Chapparo Amaroso*. It is a thorny shrub, indigenous to Texas and Mexico. Recently a remarkable cure of chronic dysentery has been effected in Austin by the use of this remedy, sent to the father of the patient, Capt. Oliphant, by Dr. Knox. A further trial of the drug is being made by several physicians, and the JOURNAL hopes to be able to give the results at some future time.—ED.]

MEDICAL ETHICS.

[Extracts from an address by Dr. L. A. Grizzard, as President of the Taylor County Medical Society.]

IS THE Code of Medical Ethics a humbug? Or are we the humbugs? None of us live up to its principles fully. We are human beings and from the standpoint of weakness, shortcoming and imperfection, that means much.

Shall we live and act so as to raise to a high and more honorable plane our profession, or shall we tear down all restraint, remove all restriction and make medicine a trade?

Better that we declare non-allegience to all that is ethical and honorable, using the words ethical and honorable as synonyms, than *pretend* to be professional, pretend to be supporters of professional ethics, but in reality supporters only with "lip service."

Honesty is just as requisite in the practice of medicine as in any other vocation. If a man is not an honest physician he cannot be an honest man. He cannot long deceive the public, and the profession he cannot deceive at all. Our boastings, our illogical, unethical and *untruthful* harangues with the laity, all reach the ears of the profession sooner or later.

It is a patent fact that we are not to the world what we pre-

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tend to be,—but just what we really are. We may profess right things, ethical things with deceptive lips, but we deceive nobody. We may loudly declare our loyalty to the code of ethics of our profession, and express a desire to see organized medicine lifted upon a higher plane of professional honor and dignity, while at the same time we are resorting to all sorts of questionable methods to secure practice,—to persuade families away from their medical attendant,—endeavoring to imbue the people with an idea of our superiority over other medical men.

We need more true manhood, more integrity that dares to do right for right's sake; more thinkers and fewer guessers; more knowledge and less pretension; more real diagnostic power and less flippant assertion; more investigators and fewer pretenders in the practice of medicine.

To be an honest man in the practice of medicine, is no easy matter. Ordinary loose-jointed conceptions of right and wrong are not sufficient to withstand the temptations to be a quack, a charlatan, a slick-tongued mountebank.

* * * *

The quackery of the traveling specialist is not the greatest enemy of legitimate medicine, but the covert oily-tongued gents who are within the fold. These men are not only a disgrace to the name they bear, but a deadly nightshade to organized medicine. * * * * *

To do unto other physicians, under all circumstances, as we would have them do unto us, is easy to assert. But do we do it? Do we depend upon merit alone to secure practice? Do we resort to questionable practices? Is not "self" *first*, even though it be at the expense of a professional brother. * * * *Why not* be ethical, honest, honorable medical men and secure practice only through legitimate channels?

Let our acts, deeds and words be open and above board, and rid ourselves of the miserable and unmanly practice of *soliciting* patronage. * * * *

I fancy when we have grown old in the practice,—as we stand down the western declivity,—as we near the sunset of life, and retrospectively view our past lives, our medical pilgrimage on earth; when we recall our failures and successes, our ups and downs—that a tear of regret will trickle down our time-furrowed cheeks, when we are reminded of the many bitter things said, unjust criticisms and deceptions practiced.

We are all human, and human nature is weak; but let us live

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as near as possible up to the spirit as well as the letter of the medical code.

What a happy influence could pervade and permeate every corner of the State, if the physicians of Texas would all co-operate, harmonize, go hand in hand in sustaining the honor and dignity of the healing art! What a wholesome fruitage could each city, village and hamlet enjoy, if the medical fraternity, each one could be depended upon, and every one were truly an ethical physician! How much fraternity, harmony, and happiness would, as a natural sequence, follow.

* * *

Then let us be men and not things; let us live up to the requirements of the code, or be man enough to repudiate it in *toto*, and absolve ourselves from the imputation of hypocrisy and charlatanism. Let us be true, ethical physicians, and if, upon our tombstones can be truly incribed: "He was an honest physician," we will not have lived in vain.

For Texas Medical Journal.

COMPOUND FRACTURES OF LOWER EXTREMITY.

R. MENGER, M. D., SAN ANTONIO, TEXAS.

Read before the Annual Meeting of the West Texas Medical Association.

WE ARE all aware of the importance and difficulty of treating fractures of the lower extremities, especially compound fractures, and more so of fractures involving the femoral bone. More or less difficulty is experienced in the immobilization of the extremity, be it by means of splints, extension, and counter-extension, plaster-bandages, fracture-boxes, etc., the main trouble encountered in such cases being the inconvenience to the patient during stool. If I am not mistaken, some German surgeon is the inventor of using a long splint, or rather a broad board, in cases of femoral and other fractures of the lower extremities. This board reaches from below the shoulders down to and above the heel of the foot, and should be so arranged that the patient lays at the gluteal region, on a hollow, made by cutting a circular piece out of the board. At the site of the fracture the board can be converted into a fracture-box, with or without a door, adjusted by hinges, in order to investigate the condition of the fractured part at any time. When the

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patient intends to move his bowels, he is lifted on this fracture-board by lifting the board near his shoulders, and a bed-pan can then be adjusted under him without much or no disturbance to the patient and his broken limb. Of course, the board should be well padded, and an oilcloth spread on its entire length, to avoid, if possible, pressure sores, and to keep the bedding clean, in case drainage, etc., is used. Still, even with this appliance, some difficulty and inconvenience may be encountered, especially in compound fractures of the femur, complicated with lacerations of the cuticle and deeper tissues. Compound fractures of the tibia and fibula, even when complicated with extensive lacerations of the soft parts, can be handled by such a board somewhat easier, after the limb is properly encased in plaster of Paris, etc. According to the nature of the case, especially in compound fractures, the precaution should always be kept in view to resect the fracture-ends, or smooth them with the bone-forceps, in case the edges are splintered or rough; and it is interesting to note to how much extent the loss of bone-substance is tolerated and regenerated, even in spite of much bone-missing or severe lacerations of the periosteum and soft parts. A case of compound fracture of the lower extremity, in a very heavy man, will be recollected by Dr. Berry, in which we were induced to resect fully 2½ inches of the entire bone-substance of the tibia on account of severe splintering of the fracture-ends, and, after encasing the lacerated leg in a well-padded plaster of Paris bandage, with an opening at the site of the fracture, the space of missing bone was restored by osseous tissue in a comparative short time, so that, after the second month, the man was able to stand and walk without a crutch, and he never experienced any trouble afterward, and there was but very little shortening of his leg.

A similar and even more serious case occurred in my practice last year, when a German boy, aged 9 years, was brought here, a distance of about twenty-two miles, with a compound fracture of the left femoral bone, with extensive lacerations of the skin and deeper soft parts. The accident occurred in the following manner: His parents were going to a pic-nic, and whilst the ambulance started the boy was behind and on the vehicle, and by some means he slipped and his left leg got caught between the spokes of the wheel which, during a turn, broke the femoral bone in the lower third of the thigh, horribly lacerating the soft parts. When sent here his clothing was saturated with blood, and the broken bone had penetrated his pants. After removing his

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clothing the upper fracture end was protruding fully three inches through the lacerated muscles, and the wide open lacerated places reached from the summit to the base of the thigh. It was deemed necessary to resect the splintered fracture-edges of both ends, and Drs. Berry and A. Graves, jr., assisted during the operation. Ether and whiskey injections had to be made repeatedly, on account of the very prostrated condition of the boy. He was then put comfortably in bed with hot bottles to his side and two large sand-bags along both sides of his leg, the outer one reaching upward near the shoulder. He was chloroformed again after the second day, and the leg encased in a plaster of paris bandage, which although, after the end of the first week had to be removed on account of severe complaint of the boy, over the suppurating places around and below the knee joint where the skin had been torn off by the injury. He was now, after chloroforming again, put on a fracture board, similar to the one described in the beginning of this paper. A large opening or door with hinges to the board had been provided on the fracture-box at the site of the injury, and the wound thus could easily be washed and dressed with aristol ointment. At the end of the fifth week this fracture box had also to be dispensed with on account of the bran becoming offensive and impregnated with the wound secreta, and as ossification by this time was well established, the leg was only kept quiet by sand-bags. After about seven weeks this case was discharged, as the boy could safely be transported to his home on a ranch,—luckily for him, as the same night after he was removed, the room of the upper story in which he was lying, caught fire and burned up. I will now, gentlemen, take pleasure in showing you the boy's injuries, and you will notice how little the leg has shortened, considering the extensive lacerations and the amount of bone lost during the injury and resection. He limps but little, and has not worn a crutch for the last seven months. But there still is a small fistulous opening at the site of fracture discharging pus, indicating slight superficial osteo-necrosis—which I intend to correct to-morrow. I will also show you some illustrations of this case, showing the extent of the protruding fractured femoral bone at the time the boy was brought here, also the resected bone ends, the granulating surface and the injured leg when nearly healed.

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For Texas Medical Journal.

TONGUE TRACTION AS A RESPIRATORY STIMULANT IN ASPHYXIA, WITH A REPORT OF THREE CASES.

BY T. W. SHEARER, M. D., WALLISVILLE, TEXAS.

THE MOST valuable fact that has appeared in print during the last year is Laborde's method of "Procedure of the Tongue," which consists in placing the patient in as favorable a position as possible,—depending upon nature and cause of asphyxia,—and then grasping the tongue with a pair of forceps, or placing the finger at the root of the tongue, and rythmically withdrawing the tongue and allowing it to retract ten to thirty times a minute, according to age and condition of patient.

By this method we have saved the lives of three children who otherwise must have died.

CASE 1. This was a labor of considerable length, in which chloroform was used, and finally had recourse to forceps. The head of the child was considerably injured by forceps, one blade engaging the head about the left eye, and the other the occiput on the right side. The child was apparently lifeless. The head was immediately moulded into shape with the hands. There was considerable depression at the point of contact of the blades; this was corrected by making pressure in different directions with the palmar surface of the hands. Artificial respiration was then carefully and earnestly indulged in for some time, with no apparent result. The tongue was then grasped with a pair of common dressing forceps. It is not necessary to lacerate the tongue with a tenaculum, as forceps or the fingers serve every purpose. By means of the forceps, the tongue was withdrawn and allowed to retract in a rythmical manner, and in a few minutes the child gasped, and was soon breathing in a natural manner.

CASE 2. A primipara, who had been treated for gonorrhea two years previous to confinement, had a long protracted labor due to inertia of the uterus, caused by gelatinous degeneration of the amniotic fluid which rendered its escape impossible until after the birth of the child. Chloroform was used for several hours during the latter part of the labor. The child was very much asphyxiated. The respiratory tract seemed full of gelatinized fluid. After compressing the chest and removing as

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much of the offending material as possible, tongue traction was applied for about fifteen minutes, and I was rewarded with success.

CASE 3 is very interesting. Mother, a multipara. An emergency case. Was called while passing the house; found the woman in last stage of labor, with breech presentation. The child was born very much asphyxiated. Considerable difficulty was experienced in performing tongue traction with the finger, so a messenger was dispatched for pocket case; and in the meantime artificial respiration was applied faithfully, with no result. On arrival of the forceps, they were applied to the tongue, and traction commenced rythmically for some minutes. Success seemed almost hopeless, when the thought occurred that possibly the conjoined method of artificial respiration and tongue traction might succeed. Accordingly, while performing traction with the right hand, the left hand was placed upon the chest, and as the tongue was withdrawn from the mouth the chest was compressed, relaxing quickly as the tongue retracted. This was rewarded with success in less than one minute, and it must certainly be regarded as a valuable aid to the Laborde's method.

Current Medical Literature.

DEPARTMENT OF SURGERY.

[Edited by Prof. J. E. Thompson, M. D., Galveston.]

Abstracts From Late Surgical Journals.

NOLEN.—A new method of treatment in exudative tubercular peritonitis.—(Berliner Klin. Wochenschrift, 1893, No. 3.)

The author, on investigating the reasons for the improvement noticed in patients whose abdominal cavities had been washed out, came to the conclusion that the change was brought about by the contact of the diseased parts with air. In three cases, after having previously removed the ascitic fluid, he pumped air into the peritoneal cavity. By pressure and kneading, the air was brought into contact with all the abdominal viscera. The air was removed in about five minutes from the time of introduction.

The ascites permanently remained absent in all three cases after insufflation. In two cases, which unfortunately were not long under observation, cure resulted.

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RAMANGÉ—"Enteroplexy."—Jacobo Teuser, Buenos Ayres, 1893.

Enteroplexy is a name given by R. to a proceeding he has devised for uniting the severed ends of intestine without sutures. The instrument used is somewhat similar to Murphy's button, but larger. It is a kind of a clamp consisting of two smooth aluminum rings, which are united together by two pegs on one ring fitting into the slots of the other. They are placed in the severed ends of the intestine which are united over them and secured by a few sutures. Then the rings, having between them the double thickness of the infolded intestine, are pressed together and fixed by the pegs. The instrument is subsequently shed into the bowel and voided per anum.

Experimentation on pigs proved the efficacy of the instruments.

O. WYRS—On the treatment of hydrocephalus. (Korrespondenzblatt für Schueizer Arzte, 1893, No. 8.)

Out of 43 patients affected with hydrocephalus, presenting themselves at the children's hospital in Zurich, 31 died, 10 lived, and two were not followed. The ages of the surviving patients varied between 3 and 21. Twenty-four cases were congenital and 16 were acquired, the former showing naturally a worse prognosis and a less favorable result.

The earlier cases were treated by counter-irritation, iron preparation, malt extract and baths. The later cases were treated some by puncture of the cranial bones, others by puncture of the subdural space in the lumbar region of the spinal column. In one case, a 7½ months child in whom intracranial pressure had caused blindness, puncture was performed seven times, five times in the neighborhood of the anterior fontanelle, twice in the lumbar region. He claims that removal of hydrocephalic fluid produces a marked improvement in patients. Convulsions cease, excitation is lessened, bodily development goes on apace, power of speech returns and sight is restored.

QUÉNCE.—(Compte Rendu du Congres de Chirugie—Revue de Chirugie. No. 5, 1893, p. 405.)

Operative treatment of hæmorrhoids by a new procedure.

The author modifies Whitehead's operation by separating the mucous membrane from its bed only opposite the pile masses, leaving it attached at the muco-cutaneous margins in the inter-

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vals. After separation he excises the masses without the slightest loss of blood, and unites the raw edges by a few points of suture. He packs the rectum with iodoform gauze. He claims for this procedure that there is no traction on the line of suture and that the wound is not likely to become infected; also that the operation can be done even when the piles are inflamed.

ZANCAROL.—(Congres de Chirugie—Revue de Chirugie No. 5, 1893, p. 407.)

On the pathology of abscess of the liver.

The author undertook a series of experiments on the cat to elucidate this question.

The injection of dysenteric fæcal matter containing living amœbæ into the intestines of twelve animals gave in six cases abscess of the liver containing streptococci. Eleven cats contracted dysentery, seven of them having amœbæ in in the evacuations. In the intestine were found ulcerations characteristic of dysentery. In no case did he find amœbæ in sections of the intestine, but in eleven cases streptococci were found in the depths of the mucous membrane.

The injection of sterile hepatic pus into the rectum of seven cats produced in two cases abscess of the liver, in three cases a purulent infiltration, and in four cases dysentery. A pure injection of streptococci, obtained from the same source, injected into the intestine of two cats caused in one a dysentery which was cured, in the other a dysentery which caused death.

The autopsy showed ulcerations in the large intestine, and streptococci in the lungs. He argues from these experiments on animals that dysentery and abscess of the liver are of the same nature, and that the pathogenic factor is a micro-organism. Clinical observation goes to prove the same thing. The blood of three animals which were operated on for abscess of the liver, taken at the moment of operation, gave a pure culture of streptococci. Histological examination of nine cases with abscess of the liver showed streptococci in eight, and in one case staphylococci both in the pus and in sections of the liver.

The conclusions he draws are the following:

1st. Abscesses of the liver are of microbic origin.

2nd. The principal cause is the streptococcus.

3rd. Dysentery is of the same nature as abscess of the liver; and as to the amœbæ which one meets in the stools of healthy persons, they play no role in the affection.

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4th. The entry of pathogenic organisms into the liver occurs most often from the intestinal canal, thence they pass to the liver either by the portal vein or by the general circulation.

Clinical Reports.

CHARITY HOSPITAL CLINICS.

Reported. by Robert Morris, Resident Student.

PUERPERAL ECLAMPSIA.

It is not proposed to consider the pathology or etiology of puerperal eclampsia, but to simply enumerate the cases that have occurred in 1302 deliveries in the Charity Hospital, and to mention a few special features and the treatment pursued in most cases.

The cases are not sufficiently numerous to be of value as statistics, but they will show that there is a much larger per cent. of puerperal eclampsia in hospital than in private practice. The text-books teach that this condition occurs once in 500 deliveries; in 1302 deliveries in the hospital there were reported 18 cases, making the proportion 1 to 71, instead of 1 to 500. This discrepancy may be due to the fact that the hospital cases, previous to entrance, live under the most unsanitary conditions, such as foul air, poor nourishment, and exposure to the vicissitudes of the weather from lack of clothing, and poor accommodations. Furthermore, no prophylaxis can be instituted, as they have no medical adviser.

These 18 cases consist of 5 post-partum, 7 ante-partum, and 6 ante-post-partum eclampsies. This last division includes those cases in which the convulsions commenced before and continued after delivery. In the ante-partum cases the mortality of the mother was 20%, child 75.8%; in the ante and post-partum, mother 50%, child 80; in post-partum, mother 20, child 65.2%. The average mortality of mother, 30%; child, 65.2%. A great many of the children were non-viable, and this accounts for the large death rate; 86% of the cases occurred in primipara.

The treatment can be more clearly understood by reporting the following case:

M. G., primipara, 21 years of age, was admitted at 9:30 a. m.,

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September 18, 1889. She was eight months pregnant. She had had several severe convulsions before admission. At 10:07 a. m. the woman was delivered spontaneously of a still-born child. From 10:40 a. m. to 2:45 p. m., the patient had 29 convulsions, then an interval of two hours, and continued until 11:30 p. m. There were more than thirty-five convulsions. The patient, during this time, was in a deep coma, and remained so until late in the afternoon of the next day, when she regained consciousness, and steadily improved, and was discharged cured a few weeks later.

Urine—September 18th, albumen, 5%; hyaline and granular casts. September 25th, albumen, 10%; no casts. At time of discharge, no albumen, no casts.

Treatment—During convulsions, chloroform was administered. At 11 a. m., September 18th, 20 grains each of chloral and bromide of potassium by rectum, also $\frac{1}{12}$ grain of pilocarpine hydrochlorate by needle; at 11:30 p. m. the third injection of pilocarpine was administered, also 20 grains of bromide and chloral by rectum. The compound jalap powder, in teaspoonful doses, was given on the morning of the 20th, and continued for several mornings. The bromide and chloral was continued three times per day, in 10 grain doses. In no case was bleeding practiced.

In addition to the eclamptic cases, it may be of interest to mention a few cases that presented every evidence of nephritis—œdema, specks before the eyes and albuminous urine with casts, but had no convulsions, or symptoms of impending seizure:

Case 1—A. S. Urine, 35% albumen, granular and hyaline casts. Child, still-born. Mother recovered.

Case 2—M. F., primipara. Urine, 90% of albumen, granular and hyaline casts. Child, still-born. Mother died.

Case 3—R. S., primipara. Urine, 35% of albumen, granular and hyaline casts. Both discharged, well.

Case 4—S. W., primipara. Urine, albumen, 2%, granular and hyaline casts. Child lived. Mother died, seven days after delivery, with suppression of urine.

These cases tend to prove that the relation between puerperal eclampsia and albuminuria is not as intimate as the theory of Lever and Brown would lead you to believe.

SINGLE KIDNEY.

While holding an autopsy on a man who died from pneumonitis, the abnormality was discovered. The organ occupied

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the normal position on the left side. It weighed 13 ounces, and was 6 inches in length and 3 inches in width.

Attached to its lower border was a rudimentary kidney, measuring 1¾ inches on convex portion, and 1¼ on concave.

There was one pelvis, and one ureter. The ureter was ¼ inch in width.

Correspondence.

LETTER FROM DR. HAMMOND.

WASHINGTON, D. C. October 21, 1893.

Editor Texas Medical Journal:

I am quite sure that you would not do intentional injustice to any one, and yet when you say as you do, in the last number of the TEXAS MEDICAL JOURNAL, that I claim proprietorship in the "Animal Extract," you do me great injustice. I have never claimed anything of the kind. I have given the formulas for their manufacture to the profession and the public, and have repeatedly, in answer to inquiries, explained the details more fully to persons who wished to make them and did not quite understand certain points. I have simply protested against their being made by other than my formulas and falsely called mine. They are not patented, nor are the names trade-marked.

Now, my dear doctor, if you will kindly read the enclosed circulars you will see exactly what stand I have taken.

I have done my best to keep these extracts in a clean course. They have not been advertised in other than medical journals, and the formulas have been made public, and yet I am abused by persons (let us hope ignorantly) as much as Keely, Amick, and others of their stripe.

It is true, the Columbia Chemical Co. did for a very brief period, claim proprietorship in the extracts, but I made them back out of that as soon as I was aware of the fact, and my own utterances have always been to the effect that they were free to the whole world. Now, I ask that you will print this letter in the TEXAS MEDICAL JOURNAL with such remarks as your sense of right calls for, and thus undo frankly and generously the wrong you have done me. Yours sincerely.

WILLIAM A. HAMMOND.

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DIAGNOSIS WANTED.

CALEDONIA, TEXAS, Oct. 9, 1893.

Editor Texas Medical Journal:

The following case presents to me some features, so unlike anything heretofore occurring, in a moderately extensive practice, as well as a somewhat varied experience with worms among children, that I am induced to report it more with the hope of gaining information from some one whose information and experience have been more varied and extensive than my own, rather than with any idea of adding anything to the literature on the subject:

E. H., male, age 17, bottle-fed in infancy, delicate in organization, but having no previous history of organic disease, or protracted sickness, sent to my office, about a year ago, three small worms, the largest of which was about one-half an inch in length, and which had passed from his bowels on the day before. At this time they had been passing, at intervals of a few weeks, for about eighteen months, at times only few in numbers, at other times many; but the patient being of well-to do parentage, was of a modest and retiring disposition, and the circumstance was so mortifying to his sensitive and refined nature, that he withheld the knowledge from his parents, or any one, and could not be induced or pursuaded to apply for relief. At this time the father became cognizant of the trouble, and brought me this specimen, which retained life four days in a tightly-corked bottle. No specimen has been detected larger than half an inch, and they range downward to the smallest point.

To the unaided eye they appear of white color, flattened on the under side, with a gradual taper from the caudal extremity to the head, which is a small black spot. They are of sluggish motion, and have the appearance of moving "tail foremost," or else the head is on the wrong end.

My attention had never been called to anything of the kind before, but having since had an opportunity of examining the maggot of the common green fly, they appear to be identical with it in every particular, except the more slugglish motion of the former.

Having had the patient under my observation and treatment about a year, I notice an interval of about three weeks in the passage of the worms, independent of whatever germicide he may be taking. Indeed, I have noted the evacuation of a lot of

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them a few times, a week following the administration of a course of santonine, with the entire absence of worms in the discharges during the administration, and in each instance this evacuation would correspond with the periodic interval of three weeks.

I have no disposition to lengthen this article with the details of the treatment; it is needless to do so. Let it suffice that the treatment for worms in general, as laid down by the authors of latest works, has been followed; and I have rung the changes on about all the various parasiticides known to our pharmacopœia, alone and variously combined with general tonics, and with only a partial benefit to the patient's general health, and the absence of any fully-developed worms for the past six months. The patient reports them passing with about the same regularity, but all of small size.

The case is reported with the hope that it will elicit a reply from some one of your many readers whose observation of parasites has been more varied than the writer's, or from some who have made specialties of parasitic diseases.

I will only remark in closing that there is an entire absence of anal irritation, a leading symptom of a habitat in the rectum. But where is its habitat, and what is its species? are questions I cannot solve from the literature at my command. I submit it with the hope that some of the readers of the JOURNAL may give some information of its species and its habitat, and suggest a line of treatment for its complete expulsion and thorough eradication from the system. S. H. BARHAM, M. D.

CONGENITAL ANCHYLOSIS OF FINGERS.

PLANO, TEXAS, Oct. 25, 1893.

Editor Texas Medical Journal:

Samuel E. Milliken, M. D., Lecturer on Surgery in the New York Polyclinic, reports in TEXAS MEDICAL JOURNAL, Oct. 9, 1893, a case of anchylosis of the fingers (congenital), and says he has not been able to find anything similar to it on record. Therefore I report the following cases:

Mr. B. has cogenital anchylosis of the second joint of all of the fingers on each hand, anchylosis of all the toes of both feet, excepting two on each foot. He has eight children, four of them have anchylosis of fingers and toes. One married daughter who has no anchylosis, but strange to say she has a child whose

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fingers are anchylosed. Mr. B.'s father, grandfather and great-grandfather were stiff-fingered gentlemen. Those people, all of whom I know, have never sought relief or asked any advice to correct this deformity, but on the contrary seem to be a bit proud of belonging to the straight-fingered family.

J. P. COFFEY, M. D.

Alvarenga Prize of the College of Physicians of Philadelphia.—The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1894, provided that an essay deemed by the Committee of Award to be worthy of the prize shall have been offered.

Essays intended for competition may be upon any subject in medicine, but cannot have been published, and must be received by the Secretary of the College on or before May 1, 1894.

Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within it the name and address of the author.

It is a condition of competition that the successful essay or a copy of it shall remain in possession of the College; other essays will be returned upon application within three months after the reward. CHARLES W. DULLES, Secretary.

Edmund Andrews, M. D., LL. D., Professor of Clinical Surgery, Philadelphia, in the *Journal A. M. A.*, p. 613, says "No class of men or women is totally exempt from sundry ills and occasional deaths, but we could not find a single one [i. e., man or woman?—ED.] physically wrecked by childbirth in a constitution exhausted by overstudy. We found several [i. e., men or women?—ED.] who had been delicate before marriage, and became robust after bearing children."

"Occasional deaths" is good also. We are reminded of the preacher who informed his congregation that he had been expected "to die every day last week." One of them remarked that was expecting too much of any man.

They had asked Dr. Sandblast, the eminent surgeon, to carve the festal fowl, and he stood over it with the carving-knife held in the first position. "The incision, you will observe, gentlemen," he began dreamily, "commences a little to the left of the median line, and—oh, excuse me Mrs. Parmalee, I thought I was in the—may I help you to a little of the femur?"—*Puck.*

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The JOURNAL is the official organ of the Austin District Medical Society, the West Texas District Medical Society and the Galveston County Medical Society.

WHAT A FISH A FROG IS.

Dr. John B. Roberts, of Philadelphia, knows which side his bread is buttered,—and having been born and bred in the city of Brotherly Love, he doubtless thinks it meet that brotherly love (for the homeopaths) should be the means of bread to him at least. He sees very little difference between homeopaths and "Us," as he calls the regular medical profession, and even that little, in the fullness of his heart, he would shut eyes to, and take the whole tribe of Hahnemanniacs to loving embrace; admit them to full fellowship in the Philadelphia-County-and-all-other medical societies. He read an elaborate paper—his Presidential address—before the Philadelphia Medical Society recently, entitled, "Points of Similarity Between Us and Homœopaths," in which he demonstrated, to his own satisfaction, that a frog is a fish of the first water,—lacking only the scales, fins, gills, tail, vertebra, and other minor appendages and appurtenances.

Now, Roberts belongs to that set to whom the Code is a *bete noir*,—a thorn in the flesh,—a real bug-a-boo—and who would revise, or do away with it altogether, so that consultations with homeopaths might be made tributary to the specialty mill. It was a plausible paper—demonstrating a wonderful elasticity of imagination on the writer's part. He could see striking resemblances between "Us" and the Homeopaths in the most dis-

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similar features,—and there were some present to echo, as did Petruchio's toadies—"Aye, sir, very like a whale."

But Solomon—the synonym for wisdom,—Solomon Solis-Cohen, and others, saw the legendary bug, under the traditional chip, suspected it was only an entering wedge,—a prelude to tinkering with the code, and Solomon was loaded for him, so to speak; Solomon, the "son of his father," according to the irreverent Love (of St. Louis) who is not embarrassed with brotherly love for all kinds of "Us-es," however regular,—demolished poor Roberts with a counter-blast, entitled "Some Points of Dissimilary between Homeopaths and Us." Like his ancient prototype, Sampson, who slew the Philistines with the jaw bone of an ass, he slaughtered this lone Philadelphistine with an apt anecdote of one. Cruel Solomon! Here it is. In opening his paper,—a very excellent one,—in which he used up poor Roberts completely—leaving not "the hair, nor the hide of him," visible, Solomon, after pointing out that all homeopaths, however "liberal," are graduates of *Hahnemann* medical colleges, said:

"I have read somewhere an apologue which, slightly modified to suit the present occasion, runs thus:

"In the country of the Houhnhyms, concerning which land, its inhabitants and their customs, an interesting and reliable account has been left by the late learned and ingenious Gulliver, there was at one time an agitation in favor of what was termed 'liberalization of the Constitution.' In furtherance of this movement there was presented to one of the scientific societies, by an eminent and thoroughbred stallion, a very able paper entitled, 'Points of Resemblance Between Us and Jackmules.'

"With the great generosity and candor, which were its author's characteristics, this paper, while admitting that all mules were not alike, and that the earlier breeds had been quite obnoxious, yet claimed that in recent times a great change had taken place; that, indeed, mules were becoming every day less mulish; and it counted in favor 'of the great body of mules at the present time,' even down to the least fraction of an inch, by which their ears had been shortened, and the last hair in the little bunch at the end of their tails, every point wherein they had never so slightly departed from the anatomy of the more lowly line of their parentage, and approached to the form and features of the noble line that they shared with the speaker. Many of the younger Houhnhyms were moved by his eloquence to respond to the generous impulses of the advocate of fraternization; and it appeared as if his views might prevail. At this juncture a veteran 'stud' arose, and with great gravity and deliberation spoke about as follows:

"'My noble friend has shown most clearly and convincingly that many Jackmules have done their best to imitate Us. Let me even admit, for argument's sake, that he has succeeded in

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establishing many points of similarity. But he must grant me permission to call attention to one point of difference. There never was a mule yet but he was sired by a jackass.' "

MEXICAN SANITATION.—There has been much complaint that our sister republic does not enforce vaccination, or take other steps to prevent the spread of small-pox in that country, and the consequence is a perpetual danger of its invading Texas. The Rio Grande, which for a great length marks the boundary line, is shallow and fordable at so many places that it would require an army of men to successfully guard against invasion of infection. This matter was the subject of a paper by our State Health Officer, Dr. Swearingen, read at the Mexico meeting of the American Public Health Association in November, 1892, and in a paper on Texas Quarantine, read by him at the recent Public Health Congress in Chicago, he again entered a protest. Some of the Mexican delegates, who fully appreciated the situation, stated that they have good sanitary laws in Mexico, but cannot enforce them. They have separate state governments, as we have, and a federal government.

The JOURNAL is pleased to be able to announce that the protests of our State Health Officer are already bearing good fruits, and an important movement by the Mexican federal government toward co-operation with Texas has been inaugurated on the Rio Grande, at least at one point.

Dr. T. J. Turpin, the efficient Texas State Quarantine Officer at Laredo, writes to State Health Officer Swearingen:

"I am informed by Don Pedro Arguelles, collector of customs, New Laredo, Mexico, that a plant for disinfecting has just been received there, and that it will be erected within the next two weeks. The plant consists of an iron room, with furnace and engine for heating steam, trucks for running the baggage in, etc. There will also be a room for bathing passengers, etc.

"The plant is under the direction of the federal authorities, and their intention is not only to use it for disinfection of baggage, etc., coming into Mexico, but also going out of Mexico, when necessary. The disinfection of persons and baggage from Vera Cruz, and other yellow fever points, for example, will be done by the Mexican authorities under the inspection of the Texas Quarantine Officer, who can then, if he sees proper, give a permit to pass through Texas.

"The plan seems to me to be a very good one, theoretically.

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Whether it will work without friction, depends upon whether Mexican officials really disinfect or not.

"They will have, of course, better facilities for finding out where passengers are from, and could, therefore, aid us very materially in making our quarantine a perfect one."

NO CONFEDERATE NEED APPLY.

We read with surprise and an indignation too profound to be expressed in words—a late Washington dispatch that Mr. Lochren, Mr. Cleveland's new Commissioner of Pensions, has ruled that "no one who served in the Confederate service, should be eligible to a position on the Board of Medical Examiners for Pensions!" And this, the dispatch stated, has Mr. Cleveland's approval!

Confederate major generals and Confederate brigadier generals are in the congress of the United States; and a very conspicuous Confederate, L. Q. C. Lamar, graced the Supreme Bench of the United States court; but a *doctor* who had the misfortune to be born in the South, and whose sympathies and services were of *course* given to his State, is disqualified by that mere fact, whatever may be his ability, experience or superior fitness for the position, for the examination of applicants for pensions. It is monstrous; it is outrageous; an indignity gratuitously offered to the medical profession of the South by this appointee of Mr. Clevleand's, and Mr. Cleveland endorses it. Whose votes elected Mr. Cleveland,—if not that of the South?

Every old resident physician in the South, perhaps, who is now over fifty or fifty-five years of age, served in the Confederate army; most of them as medical officers. Their experience with wounded and disabled soldiers; their familiarity with influences on health of the camp, the march, the army regimen, the defective personal hygiene of the soldier, etc., renders them peculiarly fitted to estimate the extent of disability, and the causes and their relation, in those who apply for pensions; and their acquaintance with the deceptions practiced by soldiers in order to shirk duty, the tricks of the *malingerers*, renders the ex-Confederate surgeons especially capable of detecting imposition; and if the millions now carried on the pension rolls of the United States, were carefully re-examined by a board of ex-Confederate surgeons, doubtless thousands would be found fraudulent and unworthy of the pension they are now drawing; and the $185,-

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000,000 annually paid as pensions to the ex-Federal soldiers would be materially reduced. Is that what Mr. Lochren is afraid of?

The physicians of the South should not only remember this outrage but should protest against it by every means in their power.

"THE FUNCTION OF THE PHARMACIST," an editorial in our August number, Dr. Hammond claims, does him an injustice. He rightly assumes the TEXAS MEDICAL JOURNAL would not intentionally do him a wrong; and in his letter published elsewhere in this issue, he points out wherein we were mistaken in regard to his position and relation to the animal extracts.

We were under the impression he had a proprietary interest in the formula for making the extracts, and sought to monopolize the sale, after having ostensibly given the formula to the profession; hence our denunciation of those journals which, from our understanding of the matter, appeared to be endorsing and sustaining him in what was, looked at from our point of view, clearly an unethical proceeding,—in fact—quackery. Our contention was that no physician could, consistently with the code, be the proprietor of a protected formula, and engage in the sale of such protected products; that it was the legitimate function of the manufacturing pharmacists to manufacture such products, when the formula had been given to the profession, and we saw no reason why he should object to Parke, Davis & Co., or any other firm manufacturing the extracts, except the selfish one just stated. Dr. Hammond assures us he has not, and has never had a proprietary interest in his formula, and we give place to his letter with pleasure, as fully explaining his position. We disclaim any wish or intention to do him, or the other party to the controversy, any injustice; we simply stated the case as we understood it at the time.

THE NEWSPAPERS AND THE DOCTORS.—We hope all our readers who read our editorial on this subject in the TEXAS MEDICAL JOURNAL for July, referred to in Mr. Rider-Taylor's article under same caption, published elsewhere, will read Mr. Rider-Taylor's rejoinder, and then—read this,—the only comment we shall make. It is taken from that live and vigorous little weekly, the *Lancet-Clinic*. It will be remembered that in our last we referred to the fact that Amick's advertisements were now appearing in the press dispatches as "pure telegraphic news."

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That the press should prostitute its telegraphic columns to such base uses is proof enough of the correctness of our position in the July number,—that "the press is inimical to the regular profession and favors quacks because they advertise:"

"ADVERTISING A FINE ART—THE WAY THEY DO IT.—The following is from a printed proof, pasted on a Western Union telegraph blank, and mailed to three hundred daily papers:

" 'N. Y., October 17, 1893.

" 'To the Anzeiger:

" 'Insert with striking headlines as pure telegraphic news, Wednesday sure, the following dispatch. Both items must appear under one heading. This is important. Please give these items special attention. " 'GEORGE E. GUERRIER.

" 'PHILADELPHIA, Oct, 17.—The County Medical Society's petition to the Board of Health to isolate Consumptives has increased their fears occasioned by startling head-lines in a local paper declaring the disease infectious. The State Legislature of Michigan recently endorsed this view, as did the Medical Congress in Washington, and deaths from Consumption having decreased everywhere recently. Dr. Fleck, with a few others, ascribes this to isolation. The majority of medical experts, however, credit it to the free broadcast distribution through physicians of test outfits of the Amick treatment, by which authentic cures are reported daily in the medical and secular press.' "

" 'MINNEAPOLIS, Oct. 17.—Recent local editorials condemning the medical code while commending Amick, the Cincinnati scientist, for withholding his Consumption cure formula are exciting much discussion in medical circles. The *Times* said "his discovery greatly assists the fight against this enemy of human life, and thirty or more local physicians say the medicine accomplishes more than his claim." The *Journal* said "it is one of the most valuable and wonderful discoveries ever hoped for in medical science, and the formula is not given to every Tom, Dick or Harry to monkey with, and is preserved from the tampering of fool empiricists." ' "

OUR Galveston collaborators must be excused this month, as they were all heavily taxed for the Pan-American Medical Congress, and as the labor incidental to the opening of the regular session of the Medical College took much of their time, they were not able, with the exception of Prof. Thompson, to find time to prepare matter for their respective departments. In our next issue, the Christmas edition, we hope to make ample amends.

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Medical News and Miscellany.

Dr. Finley Burts has removed from Fort Worth to Dublin, Texas.

Dr. Wm. Porter has resigned the position of editor of the *St. Louis Clinique.*

Died.—Dr. G. W. McCollum, late of Georgia, died at Gainesville on October 17, aged 35.

Dr. W. P. Burts has again united with Drs. Field and Duringer in the practice under the old firm name of Burts, Field & Duringer, Fort Worth, Texas.

Dr. T. J. Bennett, editor of the *Texas Sanitarian,* is expected to return to Austin by the 15th inst., after a two months' attendance at the New York Polyclinic.

The Texas Medical College (Medical Department University of Texas) has a class of one hundred and nineteen matriculants this year, against twenty-four last year.

Dr. A. J. Spencer, one of Brazoria county's oldest and most esteemed citizens, died in San Antonio Saturday, October 14th, where he had gone for medical treatment.

Attention, Doctors.—If you want the latest and best operating chair at a reduced price for cash, or on easy payments, address, DRAKE & WOOD CO., Branch Office, Austin, Texas.

The homeopaths, according to *their* figures and diagnoses, *cure* more cases of diphtheria than all of the "old school" doctors put together; see? They can cure anything "cep'n death," as the little darkey said, and some of them can cure a mild case of that.

By Proclamation of the Governor, quarantine is raised on and after the 15th inst., as against vessels from "all ports south of 20° north latitude," and all the stations except Galveston will be closed on the 15th. The exception to this proclamation is, *vessels from known infected ports.*

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Wanted—To exchange locations. A good residence and office in a thriving and beautiful little city, situated on a railroad in Central Texas, having superior school advantages, good society and churches. Will exchange for a good country location where there is no competition. Address Dr. J—., care TEXAS MEDICAL JOURNAL, Austin, Texas.

The Unconscious Humorist.—The *N. Y. Times*, a reformed homeopathic journal, calls the *Medical Century* (Fisher's journal —the homeopathic apostle)—"that unequalled depository of undesigned facetiæ."

Fisher is, himself, a good joke on mankind,—a kind of parody. "Undesigned," of course.

The JOURNAL invites contributions in the way of original papers on any subject connected with medicine or surgery, or reports of interesting and unusual cases. Few practicing physicians but see, every day, something which, if published, would be of interest and benefit to the brotherhood. Send along your observations, and give your brethren the benefit of your experience.

The Texas Medical Journal (Daniel's) for October is to hand, carefully noted. The JOURNAL, although red and fiery, is evidently improving with each added number, and is now a journal to be read and studied. It is a live affair, not to be thrown aside after a glance at its pages, but to be read, and reread. It is like the poles of a galvanic battery, when once you get hold you cannot let go.—*Lampasas Leader.*

Died—In Dallas, Texas, August 6. 1893, Mrs. Jennie Sutton, wife of Dr. W. H. Sutton, of that city. Mrs. Sutton was dearly beloved by all who had the happiness of knowing her. A Christian woman of large benevolence who did practical charity, she will be sadly missed by those to whose wants she ministered. A loving, devoted wife, and a tender mother—her household has been bereaved indeed. The JOURNAL extends its cordial sympathy to the mourning husband and children so sadly bereft.

The Quarantine Station on Chandeleur Islands was swept away in the terrible storm which devastated the coast on the 8th and 11th October, not a vestige of it being left except the foun-

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dation pillars of some buildings; no lives lost. The whole topography and contour of the island was changed, canals being cut clear through and across, rendering the island useless for quarantine occupancy in future. The station will be rebuilt on Ship Island and Surgeon Murray, M. H. S., is there now supervising the work of construction.

Dr. J. M. Pratt, one of the best known physicians residing in Hillsboro, was shot and killed near his home at Aquilla, twelve miles south of Hillsboro, about 8 o'clock on the night of Oct. 14, by W. C. Harris. There were no eye witnesses to the killing. At about 8:15 p. m., October 14, Harris drove up to the residence of Ben Goff, near the scene of the shooting, and informed him that he had killed Dr. Pratt and that in so doing he acted in self-defense. He then proceeded to Aquilla, where he wired Sheriff Bell at Hillsboro to come out and arrest him.

To Solomon Solis:—

"Now, I hold it's not the proper plan for any scientific gent,
to whale his fellow man;
Or if a member don't agree with his own peculiar whim,
to lay for that same member to put a head on him.
Nor is it ever proper for a scientific gent
to say another is an ass, at least to all intent;
Nor should the individual who happens to be meant,
reply by heaving rocks at him, at least to any great extent."

—Bret Harte.

Bismuth Subgallate in Dyspepsia.—Prof. Austin Flint (*N. Y. Medical Journal*) extols the subgallate of bismuth in ten-grain doses, as a most valuable remedy in functional dyspepsia. He gave the history of a case with flatulent distension of long standing, and producing great discomfort, in which he had run the gamut of salol mentholsalicylic acid, subnitrate bismuth, bicarbonate soda, and the list of pepsine preparations, without more than brief benefit, which was cured promptly by the newer remedy. Dr. Flint did not state whether the case was attended with diarrhœa or not, presumably it was. He has no confidence in the various pepsines and pepsine preparations.

Minister of Public Health.—At the annual meeting of the American Public Health Association, held at Chicago, October

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9–14, 1893, the following resolution offered by Dr. Henry P. Walcott, of Massachusetts, was adopted:

Resolved, That the American Public Health Association again urge upon Congress the necessity of the appointment of some officer, with general sanitary authority, in connection with the national government.

That the functions of such an authority are of sufficient importance to demand the exclusive attention of the best instructed sanitarian.

That such authority should be enabled, from time to time, and under proper regulations, to secure the advice and co-operation of the state boards of health.

Our Next Number will be a Christmas edition, and will contain an extra amount of interesting matter. Advertisers should write for space in that edition while it may be had. *Verbum sat.*

* * *

The JOURNAL wishes to acknowledge the promptness and cheerful alacrity with which most of its subscribers responded to the "gentle reminder" of October 1, that it requires *some* money to run a stunning first-class A No. 1 journal, like the *Star* of *Texas*. Those who have not yet done so, have still an opportunity left them. We continue to take silver, postoffice orders, express orders, bank checks, or currency; anything to keep up a reputation for being clever fellows. Send along the remittances; Christmas is *a'most* here, and Betty and the baby expect every man to do his duty in this trying hour (trying to collect).

An Accomplished Physician.—The following comes from Oklahoma:

"Located at Perkins, and will visit Patient at ther home if so Desired.

"Dr. C. WHELTER and for Beast.

"Special attention will be taken in female complains, old or young, also in Midwifer at an call, and will treat cases of Rhumatism and Eplective fits, and the Doctor will keep on hand a salv that he makes himself, good for man, women alments warnted as good a salv that is in the united State for soorse or swelling saddle soores or collar Bruises, and will grow out a New hoof and the Doctor will make a syrup for coughs and cold and Plurise in the side or lungs charges Reasonable Consultation Free."—*Sanitarian.*

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The Texas Dysentery Cure.—Since D. Knox's article on his case, cured by the ugly little thorny Mexico-Texas shrub, the JOURNAL has been permitted to see a letter to Dr. Knox from Dr. A. N. Perkins, the well-known veteran physician of Sabine Pass, in which Dr. Perkins says: "The preparation of the Mexican root, *Chapparo Amargosa*, you kindly sent me, was duly received, and I am happy to say it has cured my patient. I never saw a man improve so rapidly in his condition. He had utterly despaired of ever getting well, and his physician had despaired of ever curing him. He is now one of the happiest men in Texas. It is certainly a wonderful medicine. * * * I hope some energetic druggist will soon put a supply of it on the market, in the form of a fluid extract, for I repeat, it is a wonderful medicine. Please accept my sincere thanks for your kindness."

It was the *Texas Sanitarian*, we believe, that first called attention to this new-found and valuable drug.

A Big Advance in Sanitary Science—The Michigan State Board of Health adopted the following resolution September 30, 1893:

Resolved, That hereafter, consumption (and other diseases due to the bacillus tuberculosis) shall be included in the official list of "Diseases dangerous to the public health," referred to in sections 1675 and 1676 Howell's statutes, requiring notice by householders and physicians to the local health officer, as soon as such disease is recognized."

In a foot note, Henry B. Baker, the Secretary of the Michigan State Board says: "In this resolution the question of isolation of the patient is not mentioned. Its purpose is to secure to the local health authorities and to the State Board of Health information of the location of each case of this most dangerous disease, with the veiw of placing in the hands of the patient reliable information how to avoid giving the disease to others, and in the hands of those most endangered information how to avoid contracting this disease."

Persistent Singultus Relieved by Lavage of the Stomach.—Two interesting cases of persistent singultus have been reported recently by Gallant and Coleman, in which other remedies failing, immediate relief was obtained by washing out the stomach. The first patient, a man aged twenty-three years, after an attack of acute indigestion, began to hiccough on the evening of May

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29. The paroxysms were frequent, and continued for the two following days, except during sleep. A saline, and the administration of small doses of cocaine, gave relief for two days, when the paroxysms began again, and continued until the afternoon of June 6, when the stomach was washed out with three quarts of warm water. The singultus at once ceased, and did not return.

Coleman's patient was seventy years old, and the hiccough had resisted household remedies for several days, and had been unrelieved by musk, bromides, chloral, or opium. Hiccoughing continued under profound narcotism, and when the patient was seen at the end of the ninth day, he was exhausted and oblivious of his surroundings. The stomach was washed out, the current bringing back no food, but a quantity of dark tenacious mucus, with patches of separated mucous membrane, very much thickened. The singultus ceased immediately, and the patient rapidly recovered.—*Boston Med. and Surg. Journal.*

Punishment for the Crime of Producing Abortion.—This crime has been particularly rampant in this city in the past year. A statement of the punishment accorded to it in various countries of Europe may therefore prove interesting. In England and Ireland the punishment is penal servitude for life, or a less term. Should the mother die, the crime becomes murder, which may be punished by death. In Scotland (says *The Lancet*) the punishment is arbitrary; in France, Spain, the German Empire, Austria, Hungary, Italy, Russia, Norway, Sweden, and Denmark—in short, throughout the whole of Europe—the crime is punished with imprisonment for from six months to twenty years, or for life. In Sweden the penaly is death if the mother dies; and in Russia the mother, if a consenting party, may be exiled to Siberia; in the Dominion of Canada the penalty is imprisonment for life; in Nova Scotia, Quebec, Ontario, British Columbia, and in Prince Edward Island it varies from imprisonment for two years to for life; in New Brunswick the penalty is death; in Australia and New Zealand the punishment is very severe, ranging from two years' imprisonment to penal servitude for life. In the United States it is punished with fines ranging from $100 to $5000, with imprisonment for long periods, and death.

There is as will be seen, a great unanimity of view regarding the high degree of criminality of the practice. Despite all this, the crime is increasing, both in our country and in Europe.

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There is no doubt that this is due to the fact that many more women than formerly know of the possibility of abortion and refuse to accept the consequence of indiscretion or the responsibilities of maternity. There is but one way to look at it however—abortion involves the destruction of one life and danger to another. Hence it is a crime never to be justified even under extreme circumstances.

It is true that many obstetricians still regard the induction of premature labor, even before the infant is viable, as a necessary measure in certain very rare cases. But the indications for it are becoming more and more restricted as medical science advances, and it is not improbable that the time is near when the operation will no longer be thought of as a means of saving life. This legitimate obstetrical procedure, however, has nothing in common with criminal abortion, and medical men owe it to the community as well as to their profession to assist in limiting the work of those whose trade is infanticide. The daily papers could, doubtless, do more than any other agency toward abolishing the crime if they would consent to give up the small fees they get for advertising this class.—*New York Medical Record.*

And yet in the face of these facts, the *press*, which Mr. Rider-Taylor so cleverly defends in this issue, will, for a "small fee," publish advertisements of "Tansy Wafers," "Cotton Root Tea," "English Female Pills," and other abominable quack medicines *clearly intended* to produce abortion. They manage to keep just within the line which prohibits the mailing of immoral publications. Oh for a law to reach and punish those pure papers which our correspondent insists are not inimical to the medical profession, and which aid these quacks in the perpetration of a shocking crime—abortions by the score.

Alumnol in Diseases of the Skin.—Encouraged by their success in the discovery of dermatol and the continued reports of its value, Messrs. Heinz and Liebrecht have recently presented us with a new compound, which they have called alumnol. In its chemical composition it is a sulphonaphthalate of aluminium.

The discoverers set out with the idea of endeavoring to find an astringent which should be at the same time an antiseptic, and which should also be free from certain marked disadvantages which are present in almost all our available remedies of the class in question. These are almost all organic or inorganic

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salts of the heavy metals, and they form insoluble albuminates with the fluids of the tissues. This indissoluble coating confines the astringent and antiseptic action of these compounds within very narrow limits, and is the reason why their action is so very superficial.

Aluminium seemed to be the most promising of the lighter metals, and a long series of experiments were made in the attempt to find a compound of it that possessed the desired qualities. The organic salts of the metal, both of the fatty and the aromatic series, were systematically investigated, without any of them being found suitable. Then the double salts of tartaric acid with aluminium and the phenol compound were tried, but with the same result. At last the sulphonic-acid compounds were reached, and the desired combination was apparently obtained.

Heinz and Liebrecht have given us in alumnol a naphthol-sulphonic-acid salt of aluminium. It contains five per cent. of aluminium and fifteen per cent. of sulphur. It is a light, fine, white powder, non-hygroscopic and stable. It is soluble in water to the extent of forty-five per cent., and forms a permanent solution. It is freely soluble in glycerin. In alcohol it is only slightly soluble, and forms a blue fluorescent solution. It is soluble in ether. It strikes a blue color with ferric chloride, even in very small quantities. It gets darker on exposure to air, whether in solution, suspension, or in mixture. This, however, only renders it less sightly; it in no way interferes with its chemical or therapeutic properties.

Alumnol solutions are moderately acid, and they precipitate albumin and gelatin. But here at once we notice a marked and important difference between it and the other astringents that behave in the same way. The alumnol precipitate is soluble and redissolves in an excess of the albumin and gelatin, and the drug would thus theoretically possess penetrating and solvent powers far beyond those of the ordinary remedies of its class. In a fluid medium, such as pus, and especially where pus is compelled to flow out through narrow channels, it would seem to be especially valuable.

Heinz and Liebrecht have made an extended series of experiments to determine the properties of the new drug,* both in the

*H. Heinz and A. Liebrecht. Alumnol, a New Astringent and Antiseptic. Berl. kl. Woch., No. 46, 1892.

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laboratory and in practice. Its antiseptic action was not found to be very marked. Cultures of *bacillus anthracis*, *micrcoccus prodigiosus*, etc., survived in it for over twenty-four hours. It did, however, prevent their further growth; 0.01 per cent. solutions hindered the development of the organisms of cholera, typhus, anthrax, pneumonia, and others, while 0.04 per cent. solutions stopped all further growth. The astringent action, on the other hand, was very marked. As dilute a solution as one of 0.0025 per cent. produced vascular contraction in the mesentery of the frog, and the reaction became very marked when strengths of 0.01 per cent. and over were reached. The exudation of the leucocytes in the vessels of the inflamed mesentery was very markedly diminished or completely stopped by the application of a solution of less than 0.01 per cent. Irritation was observed when the strengths of the solutions reached five per cent., but even with ten per cent. solutions no corrosive action was observed.

The diffusibility of the drug was shown by the following experiment. A quantity of a five per cent. nitrate of silver solution was injected into the right femoral muscles of a healthy rabbit, and the same quantity of an equally strong alumnol solution was injected into the left muscles. When the muscles were removed later, the site of the silver injection was found surrounded by a dense mass of coagulated albumin, and no silver could be found in the direct vicinity. The alumnol had apparently caused no irritation, and in the tissues for half an inch around the site of the puncture the alumnol-ferric-chloride reaction could be distinctly obtained.

As regards the action of the drug on the healthy animal and human organism, experiments on rabbits showed that strong solutions (ten to twenty per cent.) caused violent irritation and diarrhœa, but were not corrosive. Death occurred in a few rabbits, but only when the dose injected was very large, and frequently repeated. Even hypodermically it required seventy-three grains daily for a number of days in succession, to cause death. Sections showed that death was caused by disease of the kidneys, evidently due to the aluminium in alumnol. The doses requisite for these ill effects were so large, and the conditions needed so favorable, that there is no danger in its use in the human subject in any of the ordinary ways. In point of fact, Heinz and Liebrecht gave the drug internally to several hundred human subjects for long periods, and in larger doses. No un-

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pleasant effect was observed, the urine was unchanged, and more especially contained no uluminium.

Therapeutically, the discoverers used alumnol in gynæcological, surgical, and dermatological cases for a period of more than twelve months. Its action as an astringent and antiseptic was very satisfactory, but it was in its use in diseases of the skin, and as an antagonist to the gonococcus, that it is of most interest to us. It was found useful in inflammation of the skin, both of the superficial and the chronic infiltrated varieties. Its miscibility with water, and the readiness with which ointments, varnishes, paints, and plasters, could be made with it, rendered it very desirable in these cases. In the chronic cases a ten to fifty per cent. preparation was employed; in the acute ones a two and a half to five per cent. one was found best.

Chotzen * has used it in over three hundred cases of skin and venereal diseases, and with the best results. He employed it pure, as a ten to twenty per cent. powder with talc and amylum, as a one to ten per cent. solution in water or alcohol, as a two and a half to ten per cent. lanoline salve, and as a varnish, with various proportions of collodion, traumaticin, etc. His results in the most varied skin diseases—in chancroid, urethritis, elytritis, etc.—were so good that it seemed desirable to make further experiments in the same direction. During the months of April and May, of this year, the remedy was employed in over sixty cases of dermatological, surgical, and venereal nature, in the German West Side Dispensary.

[Record of cases omitted, also experience with the drug in gonorrhea—ED.]

The general results in sixteen cases of acute catarrhal inflammation of the skin were therefore very satisfactory. They were partly due, of course, to the protection afforded to the imflamed surface by the ointment and collodion covering, and partly, also, to the fact that most of the cases were in young individuals, and of short standing. Any occlusive dressing does good in these cases. But some of the cases, especially Nos. 6 and 7, were very obstinate ones, in which a great many other methods of treatment had been tried without avail. There were hardly any symptoms of irritation observed due to the preparations of the strength used; in fact, the very slight astringency seemed to

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* Martin Chotzen. Alumnol, neues Mittlel gegen Hautkrankheiten und Gonorrhœe. Berl. kl. Woch., No. 48, 1892.

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have a soothing effect. I should consider alumnol as superior to zinc and bismuth in these cases, as being more uniform in results, and more generally applicable.—*William S. Gottheil, in New York Medical Journal.*

Book Notices.

HANDBOOK OF INSANITY, for Practitioners and Students, by Dr. Theodore Kirchhoff, Physician to the Schleswig Insane Asylum and Privatdocent at the University of Kiel. Illustrated. New York: Wm. Wood & Co. 1893, pp. 362.

The rapid appearance of handbooks of psychiatry and neurology in the English language, within the past few years, necessitates special excellence in the text-material, and decided accuracy and elegance in translation, to warrant the production in this tongue of the works of alien-speaking writers. This book of Dr. Kirchhoff's easily fulfills the first of these requirements, although its nameless translator can scarcely be held faultless; and it is probable that its popularity will be impaired by the lack of easily flowing English, and by its readily distinguishable Germanisms. Thus we cannot forgive the preservation as group-names in English of the German terms, "wahnsinn" and "verrücktheit," for certain classes of paranoia corresponding to forms of what in this country is spoken of as "monomania"; such an act only adds confusion to the already senselessly-increasing nomenclature of insanity. The endeavor to follow the German text in its intricacies and to render it in its precise equivalent in English, in many places leads to expressions not readily appreciable, and to a text more or less tiresome for continuous reading. These are the main faults of the work, and these are, of course, not to be attributed to the author.

The work is divided into two parts, a general and a special portion. In the first are considered the anatomical basis and location of normal and diseased mental processes, the nature, importance and modes of action of the various causes of insanity, the general symptoms, course, diagnosis and treatment of mental disorders, and a brief historical sketch of psychiatry. In the second, the author first outlines his mode of classification of mental disease, and then systematically discusses the subject under the following general heads: (a) *Simple mental disorders*, including melancholia, mania, periodic forms of insanity, and

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paranoia; (b) *Mental disorders associated with permanent anatomical changes in the brain or with general diseases*, including dementia, senile dementia, paralytic dementia, other forms of dementia with paralysis, as from cerebral syphilis, and focal diseases of the brain, epileptic and hysterical insanity, chronic and acute neurasthenic forms of insanity, toxic insanities, and feeble-mindedness.

Although following the usual endeavors to assign the brain as the site of mentality, the author clearly indicates his inclination to the reactionary belief that consciousness, and perhaps ideation, are to be regarded as functions of the general nervous system, rather than distinctly local processes. "All internal processes constitute consciousness; there are no individual modes of consciousness. The processes of consciousness are dependent on the entire nervous system, not on the cerebral cortex alone. . . . Mental diseases are not merely diseases of the brain, but diseases of the person."

In the discussion of heredity as an etiological factor, the author remarks that "children procreated during the drunkenness of otherwise healthy parents sometimes exhibit congenital mental and nervous disturbances." This may be true, but it can scarcely be held that the intoxication at time of procreation is the influencing disturbance in such a case; rather should one seek for it in a previous period of drunkenness, at the time of the development of the sperm or of the ovum. Such congenital faults rather occur in persons habitually intemperate in intoxicants; the sperm cell found under normal conditions can scarcely be held to be modified in its potentialities by the fact of its ejaculation during a temporary drunkenness of its parent body.

One must express regret that Dr. Kirchhoff has not elaborated his evidently admirable ideas upon education in the etiology of insanity, which, under the many cross-purposes of this latter-day civilization, is come to be but a synonym for mental deformity. There is an actual demand for a strong expression of dissatisfaction with our undifferentiating, mechanical methods of forcing culture, and for a clear exposition of the principles of education of the mentally unequal. "One of the purposes of an ideal education is the removal, by means of the uniform development of all the functions of body and mind, of those dangers which may lead to insanity." There is yet room for a book which shall systematically treat of the methods and measures of education of those congenitally unsound or incapable mentally.

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This entire general portion of the volume is an excellently prepared disquisition upon the subjects included; a fuller consideration with reference to authorities might be asked, but as a rule, the statements of the author are reliable, and may be used by students of the subject.

The special portion of the book is for the most part clear in its statements. Perhaps the least satisfactory descriptions are to be met in the subject of paranoia and its subdivisions. In fact, it is questionable whether these subdivisions are justifiable in a volume of the modest pretensions of this. The comparative absence of illustrative cases in their course is also a feature to be regretted, nevertheless, the frequent citation of special features of individual cases may be held to compensate for this lack. The author, it must be granted, has presented the subjects of mental disorder in a philosophical and complete manner, so far as is compatible with the evident intention of the work to be a manual for the uninitiated.

The plates showing the facial types of various forms of insanity, taken with the careful description of each, constitute a valuable feature of the volume, and the mechanical execution and material of the work reflect credit upon the publishers.

A. J. S.

SHOEMAKER'S MATERIA MEDICA AND THERAPEUTICS—A Practical Treatise on Materia Medica and Therapeutics, with Especial Reference to the Clinical Application of Drugs. By John V. Shoemaker, A. M., M. D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine, and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician in the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, ec.t, etc. Second edition, thoroughly revised. In two vols. The F. A. Davis Co., Publishers, Philadelphia, 1893. Cloth, pages Vol. 1, 354.

The first edition of this excellent and useful work appeared only last fall. It was highly appreciated and sold rapidly. The JOURNAL gave a sort review of its aim and scope, and a summary of its contents, when it first appeared. We have but little to add now, except that the author has seen some defects or omissions, which no one else noticed perhaps, and hastened to correct them. The work has been thoroughly revised but we see few changes or additions, and it is issued in the same style as the first edition.

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It is a most excellent work for ready reference, and is nearer complete than any of the kind we have seen; in fact, there is nothing exactly of its kind extant; for while it is a complete Materia Medica and Therapeutics, it is also a Manual of Practice of Medicine, Pharmacy and Dentistry. The "indications for and effects of drugs are given from recent bed-side observations, and Shoemaker is one of the shrewdest observers and most painstaking recorders we have. The work is up to date in every respect and will be found very handy for every day reference.

Vol. i. is devoted to Pharmacy, General Pharmacology and Therapeutics, and Remedial Agents not properly classed with drugs. No. ii, covers the balance of ground outlined above, Materia Medica and Therapeutics proper, with a valuable appendix.

We believe a student or an active physician will here find information he needs, more certainly and more promptly than in any work of reference with which we are acquainted. It is a desirable book; indispensable, in fact.

APPENDICITIS AND PERITYPHLITIS.—By Charles Talamon, M. D., Physician to Tenon Hospital, Paris, France. Translated by E. P. Hurd, M. D. Physician's Leisure Library. George S. Davis, Detroit, Mich. Price, paper, 25 cts; cloth, 50 cts.

This is a carefully prepared volume treating of most interesting subjects. The general practitioner will derive great benefit from reading it, and the author is to be congratulated on producing a book of so much merit.

INTERNATIONAL CLINICS.—A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Ophthalmology, Laryngology, Otology and Dermatology, by Professors and Lecturers in the Leading Medical Colleges of the United States, Great Britain and Canada. Edited by John M. Keating, M. D., LL. D., Judson Daland, M. D., J. Mitchell Bruce, M. D., F. R. C. P., London, and David W. Finlay, M. D., F. R. C. P., Aber. Vol, I, Third Series. 1893. J. B. Lippincott Co., Philadelphia, 1893.

This volume is fully up to the high standard already established by its predecessors. The list of contributors is composed of a large number of the best men in the profession. The book being entirely clinical, the subjects are presented in the most practical, and at the same time the most interesting and instructive way possible. It really merits its great popularity and the demand for it will doubtless continue to increase.

AMERICAN TEXT-BOOK FOR GYNECOLOGY.—Mr. W. B. Saun-

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Represents, in all essential features, the highest degreee of perfection in the Emulsionizing of Cod Liver Oil.

We believe it to be the only Emulsion not advertised to the Public.

PHILLIPS' DIGESTIBLE COCOA.

A Peptonized Cocoa in which the fat of the bean is wholly retained and pre-digested by means of Pancreatine. It is a delicious food beverage, rendered assimiliable and is nourishing to a high degree.

Besides its adaptability as a substitute for tea and coffee in daily use, and as a convenient and reliable article of diet in the sick room, it is particularly recommneded in many conditions of debility where a supply of carbonaceous food is indicated, but where there is diffiulty attending the digestion of ordinary fatty food.

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THE JUDGE

of the efficacy of any remedy is the physician himself. Should he not, therefore, have the privilege of prescribing what he thinks will most benefit the patient? When he so prescribes, is it not to his interest, as well as that of his patient, to see that the remedy he prescribes is actually dispensed? Insist, Doctor, when you prescribe Lactopeptine that a worthless substitute is not imposed upon your unsuspecting patient.

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ders, Publisher, of Philadelphia, Pa., announces this work as ready for early issue. It is the joint work of Drs. Howard Kelley, Pryor, Byford, Baldy, Tuttle, and others, who stand before the profession for all that is progressive in gynecology. The work will contain operations not before described in any other book—notably ablation of fibroid uterus. It is designed as a profusely illustrated reference book for the practitioner, and every practical detail of treatment is precisely stated.

Publishers' Notes.

Arsenic in idiopathic or pernicious anæmia possesses a value that no other drug has in arresting this disease that has a downward tendency. The arsenic that enters into the combination of the Elixir Six Iodides (W. G.'s), along with the iron and other remedial agents, gives the Elixir a front rank amongst the remedies in such cases.—*Ex.*

Dr. W. A. Jones, of Malvern, Ark., under date of October 3, 1893, writes: "I have given Papine a thorough test, and like it much better than any other preparation that I have ever used of all the opiates. It never nauseates, either primarily or secondarily, and has given relief where all the other preparations of opium have failed. It acts well as a febrifuge.—*Ex.*

Mrs. Frances Hodgson Burnett has been induced to revive "Little Lord Fauntleroy" in a series of articles just completed for *The Ladies' Home Journal*, in which she tells "How Fauntleroy Really Occurred," and traces the conception of the story, the development of the character as he lived under her own eyes, and describes Fauntleroy as he is to-day—her own son.

Chloro-Phenique (deodorized) is now endowed with a pleasant odor, and has so established itself in public favor that it is no longer objected to on account of its smell. It is pleasant and efficient, and the increased sales of late are the best indications of its value and appreciation, as well as of its effectiveness, as shown by the demand for it by physicians. If you want a good antiseptic, use it, and you will never use any other.—*Ex.*

Sewanee Medical College.—The JOURNAL takes pleasure in recommending this excellent summer medical school to its readers as one of the best officered, best equipped, and most excellent in every way. It is located in the most romantic section of the beautiful mountain region of Tennessee, where the temperature is equable and the climate delightful. Prof. Cain, so popular with Southern students, and so well known in connection

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with the Nashville Medical College, is now Dean, and will take pleasure in giving information to those who contemplate continuing their studies through the summer. Read announcement elsewhere and write to Dr. Cain.

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Nature's Anti-Fat Remedy.—We do not know that the extreme heat of summer will directly cause an absorption of the anti-fat of the body, yet, if there is ever an excuse for the loss of flesh, it ought to be at such a time as this. It seems, therefore, quite out of place to mention any kind of an anti-fat remedy other than a temperature of 100 degrees in the shade. However, if any of our readers prefer the cool breeze of the mountains, and at the same time are heavily burdened with adipose tissue, we cannot do better than recommend to them Phytoline (Walker), the anti-fat remedy of the day. We cannot give the philosophy of its action, but the clinical reports indicate that it is a drug capable of accomplishing what is claimed for it.—*Extract from Food.*

Sennine in Gynecology.—The greatest difficulty heretofore experienced in the treatment of cervicitis, abrasions, fissure and ulcerations of the os uteri has been found from the constant interference of the acrid discharges that effectually prevented any healing process. The various washes and solutions owing to these poisonous discharges have been only of temporary service. Sennine applied freely in its powder form coagulates the oozing serum and thus hermetically seals the part until nature restores its integrity. The application may be preceded by a thorough syringing with one part of sennine to fifty of water. This solution is also very efficient in leucorrhœa. If at the same time desertspoonful doses of dioviburnia be given internally three times daily the cure is very rapid and permanent.—*Ex.*

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Treatment of Uterine Troubles.—More and more as time passes and the smoke of discussion gives way to solid conviction, is the profession impressed with the thought that there are many diseases of women and girls, which, under no circumstances, require or should receive manipulative or mechanical treatment. Indeed, conscientious physicians, recognizing the neurotic factor and granting to the uterus and its apendages the privilege of being locally disturbed by constitutional conditions, are ready to receive gratefully and enthusiastically such a remedy as Ponca Compound, It serves as a general stimulator of secretions, and as a thorough tonic. The endorsement of such men as. Dr. A. M. Owen, of Evansville, Ind.; Dr. Thos. Hunt Stucky, of Louisville; Dr. Arch Dixon, President of the Kentucky State Medical Society; Dr. Wm. F. Kier, of St. Louis, and hundreds of others scattered over the country, is convincing proof of the value of Ponca Compound.—*Medical Mirror.*

Iodine of Strontium.—While the salicylates answer all purposes in acute rheumatic fever, there are of little value in the non-febrile forms. Two such cases have been under my care during the past winter. As long as they took sodium salicylates in full doses, the symptoms were reduced to a minimum, but immediately returned on the discontinuance of the drug, which, moreover, had a deleterious effect on the health. I then directed these patients to take the solution of Strontium Iodide (Paraf-Javal,) beginning with four drachms daily. Improvement followed, and the dose was gradually reduced to one-half. The

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effect was very good; the symptoms gradually subsiding while the general health improved. Both patients resided in damp houses; and the rheumatism showed a tendency to recurrence, though at intervals much longer than when under the salicylates—*Waugh.*

Celerina.—We have long been acquainted with the reputation of this fine pharmaceutical preparation. Celerina is a nerve tonic, stimulant, and anti-spasmodic. It is prepared from celera, coca, kola, viburnum and aromatics, and is especially indicated in loss of nerve power, nervous headache, neuralgia, brain fag, neurasthenia, alcoholic excess, inebriety, drunkenness, opium habit, paralysis, dysmenorrhea, hysteria, sexual incapacity, spermatorrhea, impotency, and, in fact, in all languid and debilitated conditions of the system arising from excessive expenditure, or abuse, of the sexual functions, or over-indulgence in alcohol, and confirmed drunkenness. So far as our experience goes in the use of Celerina, we have found it an excellent and efficient nerve tonic, acting especially upon the organs of generation, giving tone to the nervous system and continence to the sexual organs, without the slightest irritation or increased excitement. In these cases Celerina is a remedy of marked therapeutic and curative value.—*Practitioner*, London, England.

J. Saunders, of Orange, Texas, writes to the company: "Six months ago I began using Antikamnia, where I formerly used morphia. I now prescribe it with equal efficiency and without its being followed by nausea, etc. I have used several ounces during the time, and without any disagreeable after effects. Sciatica, Dysmenorrhœa, Neuralgia, Cephalalgia, Orchitis, Ovarian Neuralgia, ante and post delivery pains and many others yield to it, and I have been surprised at its rapid action often in a few minutes.

"I carry a vial of it constantly in my pocket, as I formerly did morphia, and I am glad to hear you are going to put it on the market in tablet form. I usually find five or six grains at a dose pro-re-nata, sufficient for ordinary cases, but occasionally give ten grains if pain is severe. Have never yet had it followed by cyanosis or symptoms of heart failure. Its action seems to be central without affecting the perceptive faculties, causing excitement or suppressing the secretions. It is needless to say I am pleased with the preparation."

Parke, Davis & Co. have just issued, for gratuitous distribution to inquiring physicians, two valuable brochures, one entitled "Acometric Syllabus," and the other "Biologic Therapeutics." The first named work embraces 42 closely printed pages giving diseases, and indications in each, which may be met by the use of Diurnules and Diurnal Tablet Triturates. It will be of much interest to practitioners requiring a system of medication involving the most certain remedies in the minutest form.

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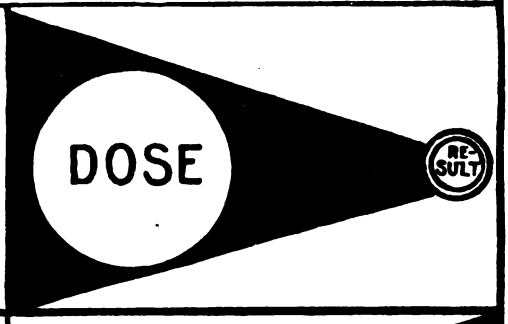

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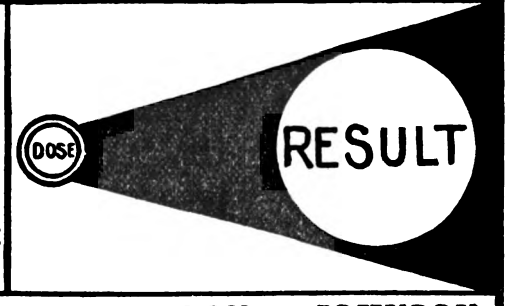

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Under the head of "Biological Therapeutics," are furnished reprints of the lecture of Hector W. G. Mackenzie, M. A., M. D., (England) on "The Treatment of Myxœdema and other Diseases by the use of certain Organic Extracts," also an illustrated paper by Edward Carmichael, M. D., Edinburgh, on "Cretinism treated by the Hypodermic Injection of Thyroid Extract and by Feeding," besides excerpts from prominent medical journals upon the use of the thyroid gland in therapeutics.

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Strontium Bromidi in Epilepsy.—The constantly increasing number of incurable epileptics, both in asylums and at large, occasion an ever growing demand for new drugs, from which we may at least hope to effect some improvement, in either their physical condition, or a diminution of the number of seizures.

Among the recent applicants for medical favor in this line has been the bromide of strontium (Paraf-Java), purporting to be a salt free from the impurities of the ordinary commercial article, which renders it unfit for continued use, or even poisonous in moderate doses. This statement as to its non-toxic action we have found to be well founded, no evil results having followed 30-grain doses repeated thrice daily, and no case treated with the salt has shown other than beneficial results. Above all, we have to note continued absence of a bromide acne (even the disappearance of the rash, though it was present when the use of the strontium was commenced), a very much lessened somnolent effect, the patients without exception appearing brighter and more cheerful under its use than with the sodium salt, and finally, certain excitable cases were less quarrelsome after a seizure, than under the every-day treatment; points all of very considerable value, both in private and asylum practice.—*Times & Register.*

Some Experiments with Terraline.—Dr. Chas. H. Stowell, of Washington, D. C., publishes, in a late number of *Food*, the new journal of which he has recently assumed the editorship, some experiments he has been making with terraline. Dr. Stowell had heard the criticism on terraline, that it was identical with vaseline; and having the authority of Professor Hare, of Philadelphia, for the statement that vaseline was not absorbed when taken into the body, he conducted a series of experiments to ascertain the exact truth in the matter. A number of cats were procured and were deprived of food and drink for from 36 to 48 hours, when a quantity of the terraline was poured down their throats. The animals were then killed by means of chloroform, and immediately after death, the abdomen of each animal was opened, and the contents of the stomach and intestine examined. The stomach was found empty in each instance; but in the intestine, shortly below the stomach, was found a slight amount of a yellowish liquid. When this was examined under a high power of the microscope, it was found to consist of very

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minute oil globules. This proved that the digestive juices of the cat had emulsified the terraline, and thus prepared it for absorption. In two of the cats examined some vessels were plainly seen in the mesentery, distended with some light colored fluid. When these vessels were opened, and their contents examined under a very high power of the microscope, the fluid was seen to consist of the most minute particles of fat. Dr. Stowell draws the conclusion from these experiments that terraline is emulsified and absorbed like any other fat.

A Family Laxative.—Physicians are not inclined to recommend self-medication to the laity. Yet there is one need which they are almost unable to supply. We refer to "the family laxative." The family physician is able to prescribe for the most complicated and obscure of maladies, and yet is often puzzled to know what to give when asked for a remedy which can be kept in the house for family use as a laxative, that shall be effective, free from danger, and not unpleasant to take. When absent on our summer vacation we were asked by four different parties, representing as many families, what we thought of the "Syrup of Figs." Not one word did we volunteer on the subject, and we were somewhat surprised to find that there was this small token of the very general use of that preperation. These parties said they derived more benefit from it and found it more pleasant to take than anything of the kind they had ever used. The simple question with them was, is it a dangerous compound? We informed them that its active ingredient was a preparation of senna and that it was entirely free from danger. With this assurance they volunteered the information that they should continue to keep it in the house.

The therapeutical properties of senna are so well known that comment on this seems unnecessary. It might be well to notice, however, that Bartholow says it is "A very safe and serviceable cathartic," and that it is "highly prized as a remedy for constipation." He also make the important observation that its use "is not followed by intestinal torpor and constipation."

The simple truth of the matter is, we have altogether too few preparations which we can recommend to our families as effective laxatives. But the California Fig Syrup Co. has one of the most desirable combinations for this purpose with which we are familiar. The Fig Syrup Co. gives to the profession the composition of this preparation, therefore there is no secret about it; the persons who use this laxative speak in the highest terms about it; and we are pleased to notice that a large number of physicians are prescribing it.

Viewed from the narrowest and most selfish standpoint the physician will lose nothing by recommending such a preparation as Syrup of Figs to his patients; while viewed from the highest standpoint of doing the best possible by those who placed themselves in our care, we would say the profession cannot do better than give their indorsement to such a preparation.—*Exchange.*

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ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $2.00 A YEAR.

VOL. IX AUSTIN, DECEMBER, 1893. NO. 6.

Original Contributions.

CASTRATION OF SEXUAL PERVERTS.*

BY F. E. DANIEL, M. D., ED. TEX. MED. JOURNAL, AUSTIN, TEX.

WITH a better knowledge of the laws of health, and a deeper research into the causes of diseases that most afflict mankind, great advance has been made in preventive medicine; and with each conquest the prospect broadens, reveals possibilities not before thought of, and to-day sanitation is generally recognized as a distinct science.

This progress unfortunately, however, has been made along the lines of physical disease mostly, for, notwithstanding the distinct recognition accorded to heredity as a factor in (if it is not the most prolific source of) disease, particularly mental disease, we know of little or nothing being done to lessen the evil of transmission of vice, disease, and the propensity to crime.

No fact is better established than that drunkenness, insanity, and criminal traits of character, as well as syphilis, consumption, and scrofula, may descend from parent to child. With the ex-

[* Under the title, "Should Insane Criminals or Sexual Perverts be Permitted to Procreate?" this paper was read at the Joint Session of the World's Columbian Auxiliary Congress—Section of Medical Jurisprudence—and the International Medico-Legal Congress, August 16th, 1893, and also before the American Medico-Legal Society, New York, October 11th, 1893, and published in the "Medico-Legal Journal" for December, and in the "Psychological Bulletin," New York.—Advanced sheets kindly furnished by Hon. Clark Bell, Editor M.-L. Journal, President of the Congress.—ED.]

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ception of improved hygiene in lunatic asylums, and more enlightened and rational treatment, nothing, or nearly nothing, is being done in the way of rational prophylaxis against a long list of maladies that destroy both body and mind. In no State are such restrictions put upon the privilege of marrying as are calculated to arrest the propagation of consumption, syphilis, insanity, drunkenness, and criminal propensity; nor is any other method resorted to, calculated to counteract, or lessen the degrading effects of hereditary transmission of these vices.

In Texas there are, in round numbers, four thousand insane people. The asylums, with an aggregate capacity of fifteen hundred, are always full. The law stipulates that cases of recent development (and, therefore, supposed to be amenable to treatment), shall have precedence over chronic, and, presumably, incurable cases. Although rich in resources, the State has not yet made provision for all of this unfortunate class, (and this is true of nearly all other American states). Should the order of admission be reversed or interfered with, the acute or recent cases, and still many chronic cases, would soon be where the latter are now, at home or in the jails. In Texas some are in the penitentiary, as will be seen presently, suffering punishment for crime. The wealth of all the Czars would not be adequate to provide asylum and medical treatment for the progeny of these people in fifty years from now; for, while insane people do not marry, those do in whom the disease exists undeveloped, and with the lower classes, particularly negroes, it is known that illicit intercourse is extremely common.

All medical men recognize the powerful influence of the sexual sense on human character and action. In the healthy person it dominates life, and is the great incentive to action, to the acquisition of property, the struggle for social eminence, and the foundation of a home. But how few of even the best informed physicians have more than a superficial knowledge of its aberrations, and the numerous anomalies that find expression in unnatural acts. How infinitely less is their knowledge of the causes that lead to such anomalies or perversion of that sense.

In comparative ignorance, then, both of the pathology, psychology, and etiology of sexual perversion, how little able are we to estimate the influence it exerts upon the mental and moral health, and the conduct of the unfortunates. We know that heredity is responsible for a large part of it; but whether perversion of the sexual sense, as expressed in unnatural methods of

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gratifying the desire be the *cause* or the *result* of disordered mind, we do not definitely know. Writers differ widely on this point, and it is, after all, a matter of individual opinion in a given case. Dr. Theodore Kellogg (*Reference Hand-Book of Medical Sciences*) says:

"The medical error of all ages has been to mistake symptoms for causes, and in no instance has this been more strikingly exemplified than in the misapprehension of the sexual manifestations of insanity. There is a widely prevalent belief, medical as well as popular, that a large proportion of all cases of mental derangement proceeds from natural or unnatural sexual indulgence. The symptom has here been mistaken for the cause of the disease. The scientific fact is, that perversion of the organic nature and appetites is a part of the very essence of insanity, and that of the sexual instinct, as the most fundamental, is the one most commonly involved. In most cases of insanity, increase, diminution, or perversion of the sexual appetite, exists at some stage of the disease, and frequently as one of the premonitory symptoms. Thus, the discovery of masturbation in the pubescent state is at once regarded as evidence of previous vicious indulgence, and the origin of the insanity is set down as found."

Notwithstanding this high authority to the contrary, no one at all acquainted with the subject will deny that masturbation (a perverted sexual sense) may, and frequently does, become a cause of mental alienation; and I can not subscribe to the belief that it is always a symptom of mental disease already existing. There is no doubt that habitual masturbation is often a manifestation of mental disease; nor, on the other hand, that it will lead to, and become a cause of, insanity. At puberty, when, often, the sexual instinct is more fully developed than the moral nature, many young persons practice masturbation, in whom, nor in whose family, no predisposition or hereditary taint exists; and when they become older, and can understand that it is disgraceful, and realize the tendency to moral and physical degeneration, they abandon it, and no evil consequences result. I may say I believe it is the experience and observation of nearly every physician that a majority of boys masturbate at some time during the development of the sexual system.

Then, in the state of our knowledge, who shall say when it is a *cause* and when an *effect?*

The subject of perversion of the sexual sense has, admittedly, not been studied in all its details. There is an innate repugnance to going deeply into investigation in a field where, from the glimpses given us by Krafft-Ebing, Charcot, Casper, Lyd-

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ston, Kiernan, Parvin, and other investigators, we are sure to find so much revealed that is shocking to every sense of decency, disgusting and revolting. And I know of no attempt anywhere being made to either cure sexual perversion in males (except as to general treament for insanity in asylums), or to suppress its expression in unnatural gratification; our laws are defective, and do not deal intelligently with the subject. Certainly I know of nothing being done to arrest its descent to coming generations.

"It is a question," says Dr. Chaddock in the preface of that very remarkable book, *Psychopathia Sexualis* (quoting a German writer), "if it is justifiable to discuss the anomalies of the sexual instinct apart, instead of treating them in their proper place in psychiatry. As a rule, they are certainly only symptoms of a constitutional malady, or of a weakened state of the brain which manifest themselves in the various forms of sexual perversion."

I doubt if the propriety of a deeper, a most thorough study of this condition, so extensive throughout the world--this important factor in, and concomitant or manifestation of mental disease—the cause of so much human misery and degradation, can be longer questioned. It seems to me that the time has come, if progress in this field of medical study is to keep pace with the other branches, when a knowledge, not only of the various forms of sexual perversion, but of their cause, mode of development, progress and results, is *imperatively demanded.* It is a reproach to the medical profession that, as Dr. Chaddock says (*loc cit.*):

"Sexual anomalies, treated as they are in a distant manner in text-books on psychiatry are, for the physician, in greater part, *a terra incognita.* Exact knowledge of the causes and conditions of development of sexual perversion, and of their influence on hereditary constitutions, education, the impressions of every-day life and modern refined civilization, is the *prerequisite* for a rational prophylaxis of sexual aberration. * * * Without a careful study of the circumstances which attend the *development* of sexual anomalies, we should never be in a position to use effective therapeusis."

We may add, nor will we ever be in a position to do exact justice in case of trial before the courts for any sexual offense against the laws, either to the public, or to the accused, or to posterity.

The physician is often called upon to decide a case which hinges upon the mental state of an accused. Liberty, happiness, honor—life itself, to say nothing of posterity—depend, often, upon a medical examination; how humiliating, how worse than

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criminal to acknowledge that a perverted sense and its influence upon human actions are an unknown quantity to the medical profession. We often see it stated in criminal proceedings that "a medical examination was made and the man pronounced sound in mind," as if medical examinations were infallible, and that, too, in a field not only not explored, but confessedly as yet, nearly virgin soil. Krafft-Ebing's recent work (to which reference has already been made) is a startling revelation to many really well-read physicians, and his example should be followed till every sexual crime is understood, classified, and properly designated, and a penalty fixed by law to suit the crime.

Rape is defined to be sexual intercourse with a woman by force or against her will, or under the influence of a drug, or with a girl under (in some States 12, in others 14) years of age. The sexual act, or an attempt at it, by an adult with a small child, is more than rape; it is, alas, too often, murder in its cruelest form. (Some cases of so-called rape, it has been thought by the people of Texas, have not been adequately provided for in the penal statutes, notwithstanding rape is a capital offense.)

It is a maxim of law that an idiot, or an imbecile, or other irresponsible person, cannot commit a crime. Humanity revolts at the idea of punishing an irresponsible person, and in our courts every effort is made that our imperfect knowledge of mental disease will enable us to make, to discriminate in cases of evil-doing, between the responsible and the irresponsible. The ablest physicians, those having reputation in mental disease, are summoned as experts; but they often differ, there being no infallible rule or standard by which to measure responsibility—no certain test, for that of "knowing right from wrong" is about as definite as "the size of a piece of chalk." Right and wrong are arbitrary terms; matters of conscience and conscience, of education. What is wrong with one person and from one standpoint, may be right with another. Hence, injustice is, no doubt, necessarily often done, and discredit is brought upon the very name of medicine. Benjamin Vaughn Abbott (*Reference Hand-Book Medical Sciences*, page 122) says:

"The rude division into 'idiots' and 'lunatics' of two centuries ago, survives in jurisprudence to-day. * * * Jurisprudence has not possessed any peculiar means of studying the subject (insanity), but has been accustomed to follow the course of medical science, and to accept, sometimes, indeed, after long hesitation and inquiry, the results which skillful and experienced alienists have united in declaring established." * * *

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(As has been shown, with regard to the phase of insanity under consideration, "following the course of medical science" is a case of "blind leading the blind," is it not?) The medical profession are still very far from thoroughly understanding the relation between, and the mutual influence of the sexual sense and the mind, the one upon the other; profoundly ignorant of that state that operates more largely, perhaps, than any other to produce irresponsibility (or, which state may be but the expression in acts of unsound mind), and beyond doubt, because of that ignorance many a criminal escapes the just penalty for his crime on the opinion of a medical expert that he is "insane"; while on the other hand, many really invalid, mentally (and therefore irresponsible), are held as criminals, and punished for acts which they commit in obedience to an impulse for which they are not responsible, and cannot control. Of course, in extreme cases a differentiation can be, and frequently is made; but there are so many grades and shades of mental unsoundness, produced by such a diversity of causes, and finding expression in such a variety of acts, that in our present knowledge it is impossible to draw the line; it is like differentiating a pig, a shoat and a hog.

Certain acts, are, however, *prima facie* evidence of insanity: thus, where a mother in cold blood kills her children. I take it that all acts contrary to reason and nature are expressions of an unsound mind. Who can doubt the insanity, even without a medical examination, of that poor shoe-maker's apprentice (*Psychopathia Sexualis*, p. 406,) who raped a goose, and on being caught in the act and arrested, innocently wanted to know if there was "anything the matter with the goose?"

At any rate, the dictates of humanity would give the perpetrators of such acts the benefit of the doubt, and treat them accordingly.

True, with regard to sexual crimes, a healthy person dominated by a powerful sexual impulse, may commit some act to shock a civilized community,—a rape, for instance. But even here, it is to be questioned if the inability to control the impulse, in the face of such powerful restraining influences as a certain knowledge of the fearful consequences which will follow such act, is not, in itself, evidence of irresponsibility? an indication of insanity? But were a sane man to commit rape it would likely be in accordance with, and not in violation of nature; he would select for his object an adult human being of the opposite sex, where intercourse would not be a physical impossibil-

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ity. Were it otherwise he would not be a "sane man." In a case where a powerful man, especially a negro, who, in the South, at least, should have little excuse for unsatisfied sexual desire, amongst a race whose ideas of morality are crude, and virtue is not a striking characteristic, attempts to effect sexual intercourse with a small child of a different race,—a physical impossibility,—and that, too, in knowledge that if caught he will surely meet with a speedy and horrible death, it would be, in my opinion, *prima facie* evidence of an unsound mind, insanity in some degree. Still there may occur such cases, attended with circumstances, which, if they do not justify, at least afford excuse for punishment. It may be, as was the case in a notorious instance in Texas recently, that although the act (forcing entrance into the body of a white baby by a stout negro, by tearing the child limb from limb) was *prima facie* evidence of perverted sexual instinct, and *ergo*, of unsound mind, there were reasons assigned for the act which made it even more atrocious if possible (revenge for an offence or injury done the negro by the child's father), which should render the punishment inflicted less abhorrent to a just mind. Or, in another case,—the "safety of the community" was the warrant for sending an evidently insane man to the penitentiary. The case was that of George Fowler, who, having been adjudged insane on a trial for attempt at train-wrecking, was confined in the asylum at Austin. He was an *eroto-maniac*, but during his quiet times he was once or twice furloughed and allowed freedom. He would show symptoms of insanity and be returned to the asylum. The people of his county were afraid of him, and deprecated his being turned loose. The last time he was furloughed he had a return or an attack of erotic mania, and he ravished the first woman he saw; an old, feeble white woman, a grand-mother. He attacked her on the public highway, in sight and sound of habitations and of persons passing along the road, dragging her from her buggy. He was tried for rape, and his insanity(which was well established and unquestioned) was again shown to the satisfaction of a jury. Nevertheless he was sentenced to, and is now serving a term in the penitentiary.

A third case (and many could be cited, occurring here in Texas, *since the burning* of the rapist and murderer, Henry Smith, at Paris, Texas), was that of Ed. Nichols, a strong, well developed negro man of twenty. Seeing a young white girl, a Bohemian, of ten or twelve years of age, pass along the road

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near where he was picking cotton, he attacked and ravished her, using his thumbs (according to the testimony of the girl, who recovered, and at the trial identified him, and the physician, Dr. J. T. Barnwell) for the purpose of enlarging the vulva and vagina, tearing the perineum into the rectum. Dr. Barnwell, who repaired the torn parts, informed me that the negro's organ must have entered the abdominal cavity of the child. The negro had neither friends nor money, but the court assigned counsel to defend him. The question of insanity was not raised, but Mr. Walton, of counsel, informed me that the negro was an imbecile, if not an idiot; that he seemed to not comprehend that he had done anything wrong, showed no emotion when told that unless he would make some excuse upon which his lawyers could try to save him his neck would be broken; remained throughout the trial with a face of blank expressionless stupidity, and when the sentence of death was passed upon him, and he saw that he was an object of interest, a broad grin spread over his face.

Now, in these cases where shall the line be drawn? If George Fowler was insane, were not the other two insane also? Who, in the present state of our knowledge of sexual perversion and its relation to insanity, shall pronounce,—and let go a responsible human brute, a constant menace to a community, or send to the gallows or stake, an *eroto-maniac*, possibly an irresponsible person? or *hang an idiot?**

The enforcement of the law is supposed to be for the protection of society and the welfare of mankind. It certainly should have for its end something higher, nobler, and more in keeping with an advanced civilization than *revenge*, or, as is alleged with regard to capital punishment, the repression of crime. The aim of jurisprudence should be, in addition to the repression of crime, a removal of the causes that lead to it, and reform, rather than the extermination of the vicious. It should comprehend both therapeusis and prophylaxis in the widest sense; thus, drunkenness should be cured, and intemperance prevented; the drink-demon be banished forever from the homes of men. So with the sexual sins; the offender should be rendered incapable of a repetition of the offense, and the propagation of his kind should be inhibited in the interest of civilization and the well-being of future generations.

[*Since this was written this man, Nichols, was convicted and sentenced to death; on appeal the sentence was confirmed, and he is under sentence to be executed December 22, inst.—ED.]

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These ends are not fulfilled by hanging, electrocution, or burning at the stake,

It may be answered that capital punishment does fulfill two of the ends; it prevents a repetition of the offense, and stops hereditary transmission; but that it lessens crime cannot be admitted. After the abolition of the death penalty for rape in England the crime greatly increased; but in Texas, although the offense is visited with swift retribution, and often a cruel death is inflicted by a mob; yet rape, and that too, in its most horrible, cruel and revolting form, that of tender young girls, is greatly on the increase. Not a newspaper can be picked up that does not contain the announcement of something of the kind, and it is by no means confined to Texas. Even the horrible execution by fire of the wretch at Paris, Texas, seems to have been forgotten, if it has not, indeed, *acted as a suggestion or excitant*, to that incomprehensible race, the negro, so different from his immediate progenitors of only one or two generations ago.

That capital punishment has failed of its only ostensible object, keeping the criminal instinct in abeyance, has been clearly demonstrated in Texas, and it ought to be abolished. It is to be condemned from every standpoint, and it is gratifying to be assured that in the great State of New York "the subject is being seriously considered," and is, according to Hon. Clark Bell, "nearer accomplishment than ever before." (*Medico-Legal Journal*, June, 1893.) The bungling and revolting electrocutions witnessed there should be ample warrant for its abolishment. Were no other objections to be urged against the death penalty, the fact that innocent persons, and often doubtful ones,—and it may be, *irresponsible* ones,—are sometimes executed, should be fatal to the law and secure its repeal.

In lieu thereof, and as a solution to the most difficult problem in sociology which confronts the learned professions to-day, and as a measure calculated to fulfill all the ends and aims of criminal jurisprudence, castration is proposed. I say "castration" and not "asexualization," because that applies as well to women; and in sexual perversion the woman is usually passive; she cannot commit a rape, at all events (though she can practice sexual abominations that shock morals, wreck health, and worse, can transmit her defects to posterity). In light of the Alice Mitchell case it might be well enough to adopt Dr. Orpheus Evert's suggestion and asexualize all criminals of whatever class.

The suggestion is not new, by any means. Castration has

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been advocated by numerous writers in various parts of the world, as a punishment for crime; but that it has ever been practiced to any extent anywhere for the purpose of curing mental disorders, or with any intention or thought of arresting the hereditary transmission of either disease or vices of constitution, in short, for the *purpose of prophylaxis as applied to race improvement and the protection of society*; I am not advised. In this country, and recently, several writers have advocated castration. Dr. W. A. Hammond's paper on the subject will be recalled by all present. Dr. Frank Lydston (*Va. Medical Monthly*) in reply to a question from Dr. Hunter McGuire as to the cause of so much rape by negroes in the South, advises castration as a remedy for the evil; and there is much wisdom in the advice. He would castrate the rapist, thus rendering him incapable of a repetition of the offense, and of propagating his kind, and *turn him loose*—on the principle of the singed rat—to be a warning to others. Dr. Lydston says, and very truly, that a hanging or even a burning is soon forgotten; but a negro buck at large amongst the ewes of his flock, minus the elements of manhood, would be a standing terror to those of similar propensities. Dr. Orpheus Everts (*Lancet-Clinic*, March, 1888,) would castrate all convicted criminals, thus arresting the descent of their respective vices of constitution. This is very extreme, and would be advisable, perhaps, were it not that the same objection attaches as to hanging; innocent persons are sometimes convicted of crime, and we might *cut the wrong man*. Dr. Blummer (for Dr. Gardner) *American Journal Insanity*, reports ten cases of castration for epilepsy, all successful; and Dr. White (*loc. cit.*) reports the details of one case of castration, unsuccessfully done for epilepsy thought to be due to reflex action in sexual disturbance, the patient having priapism without desire, and wasting seminal losses.

But as stated, I know of no instance where castration has been systematically practiced for the cure of preverted sexual instinct, or the state of mind resulting from its exercise, or giving origin to it; and certainly no instance where it has been done with any reference to posterity.

In light then of the very evident doubt as to the sanity of those who commit sexual crimes, and therefore, of their responsibility; and particularly as it is impossible in the present state of our knowledge to draw a line and say where, in mental alienation, unsoundness to the extent of irresponsibility for acts ex-

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ists, I would substitute castration as a penalty for all sexual crimes or misdemeanors, including confirmed masturbation.

Reasoning a *priori*, if a perverted sexual sense be the cause of mental disturbance and unsoundness,—and there can be no doubt that habitual masturbation frequently is,—both cause and effect,—the removal of the glands should restore the equilibrium, on the fundamental principles on which we practice medicine; if it be an expression of diseased mind, as held by Drs. Kellogg, Chaddock and most other authorities, the operation may exert a beneficial influence on the mind; as we know that asexualization often completely changes the character of the individual, and that too, without detriment to the mere physical man. Reasoning by analogy, if the removal of the ovaries will cure hysteria or hystero-epilepsy, as is extensively claimed for properly selected cases, surely we should be warranted in hoping that castration will, by obliterating the sense, relieve some, if not all of the disturbances of the mind.* It would be an advisable hygienic measure in habitual masturbation, whether the practice be cause or effect, by arresting the wasting of vital force by seminal losses, and consequent impairment of physical health.

In light of all these facts, I think we are warranted in at least making the experiment on a scale large enough to test the operation as a therapeutic measure, we know the operation would be prophylactic and protective, both to society and to posterity.

It has occurred to the profession to test Battey's ideas of the curative effect of the removal of the ovaries, for disturbance in the female similar to those in males now under consideration; and the experiment was being made on a large scale in the Pennsylvania hospital by Dr. Joseph Price and others (*Jour. Am. Med. Ass'n* Jan. and Feb., 1893), when such an outcry was raised that it had to be discontinued before any definite results could be formulated. The board of charities, through their "legal member," put a stop to it, on the ground that it is unlawful to unsex a woman without her consent; and being presumably insane, these women could not give their consent. Thus, great

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* Authors agree that if the testes alone are removed, the power of procreation is destroyed, (aspermatism) but not desire and virility. If the testes and the epididimus, together with part of the cord are removed, desire is abolished and the power of erection is destroyed. (See Ref. H. B. Med. Sci.)

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regard was had for the *posterity* of these mentally afflicted creatures.

It does seem that the scheme of our government, and the tendency of our civilization is to foster the criminal and mentally defective classes. A writer on insanity in *Reference Hand-book Medical Sciences*, says (p. 54), "But the openly criminal class, taken as a whole, there can be no doubt has the closest affinities with the insane. * * * Among the savages the strongest survive; but one of the universal attendants of civilization in all large cities is a class of beings degraded physically and mentally, that recklessly propagate a large per cent. of idiots, lunatics and criminals."

The lower animals limit production, and eliminate the weaker by battles between the males for the possession of the female; and certain of the rodents. the squirrel I am told, castrate the young males. But with civilized man the procreative function, and the right to exercise it *ad libitum* seems to be something sacred; it is respected, even in those who have, by their misconduct, outraged society, and forfeited all other rights, civil, religious and political. Is is not a remarkable civilization that will break a criminal's neck, but will respect his testacles?

Rational man will not permit his defective stock to breed; but contrary to reason, common sense, and the best interest of society, will permit the consumptive, the insane, the intemperate, the syphilitic and the criminal to propagate each his kind, under the protection of the law. The insane are a burden and an unsolved problem in every State; a kind of public debt we cheerfully bear, and are going to hand down to posterity bearing compound interest; the cost of maintaining them is a sort of *tribute* we chivalrously pay to the procreative organs and rights of all classes. That our laws need amending there can be no doubt.

Were we called upon for an explanation of this remarkable paradox, we should expect to find it in that peculiar political organization and status that entrusts the making of *all laws* to men who know nothing of the laws of health, nor of the etiology, or the nature of disease, nor of the influence of heredity in race propagation; nothing of sanitation; and are therefore ignorant of the sanitary needs of a people. Those who do know,—or know better than any other class,—physicians,—are rarely ever called in counsel in framing laws for the protection of the public health,—to say nothing of those looking to the bodily and mental status of coming generations. The medical profession

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has no head. Unlike most other civilized governments, in this country there is no minister of public health, and no authorized source whence our law-makers could derive such information as to enable them to enact wise sanitary laws.

Touching the legality of castrating a patient as a therapeutic measure, I had a conversation recently with Gov. J. S. Hogg of this State. He was for four years attorney-general of Texas, and is distinguished for his great legal ability. He assured me that there is not a doubt of the legal right on the part of a superintendent of an insane asylum to castrate a patient for mental trouble, if, in his judgment, it be necessary or advisable. He would have the same right to castrate a patient as he would have to bleed him in the arm, or to amputate a limb, or do any other operation.

But it is not alone in asylums that castration should be done. I propose it as a penalty for sexual crimes, to be imposed by the judge, upon the finding of a jury. Let the perpetrator of sexual crimes (or if not classed as crimes,—misdemeanors), presently to be enumerated, *forfeit his right to a posterity!* Castration will be at once in these cases, in all probability, punitive, curative, and preventive; and I hold with Dr. Lydston, that it will have a more powerful restraining effect on the rapist than does hanging, burning at the stake or electrocution.

* * *

While we can not hope ever to institute a Sanitary Utopia in our day and generation, it would seem within the legitimate scope and sphere of Preventive Medicine, aided by the enactment and enforcement of suitable laws, to eliminate much that is defective in human genesis, and to improve our race mentally, morally and physically; to bring to bear in the breeding of peoples the principles recognized and utilized by every intelligent stock-raiser in the improvement of his cattle; and in my humble judgment the substitution of castration, as advocated above, for the useless and cruel execution of criminals, is the first step in the reformation. I predict that in twenty years the beneficial results of castration for crimes committed in obedience to a perverted (diseased) sexual impulse will be established and appreciated.

Rape, sodomy, beastiality, pederasty and habitual masturbation should be made crimes or misdemeanors, punishable by forfeiture of all rights, including that of procreation; in short by castration, or castration *plus* other penalties, according to the gravity of the offense.

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It is to be hoped that the medical profession will no longer neglect the investigation of a psychological state fraught with so much significance to criminal jurisprudence. The meaning of every phase of perverted sexuality should be understood, not only by physicians, but by jurists. A more free and unreserved intercourse between the two learned professions should be fostered, when with a better understanding of the subject in its relation to crime they can co-operate to secure a modification of existing unsatisfactory laws, and the enactment of others, consonant with a more advanced state of medico-legal knowledge. This we owe to ourselves, if we would not merit reproach; to posterity, if we would secure to future generationsthe full fruits of sanitation in the practice of the great science of preventive medicine.

DISCUSSION.

The discussion of the paper was opened by Dr. Mary Weeks Burnett, of Chicago; Dr. C. J. Lewis, of Chicago; Dr. Henry Hulst, of Michigan; Dr. Duncan, of Chicago, and the Chair following. The discussion was as follows:

Dr. Mary Weeks Burnett:

I am exceedingly interested in the subject of the paper. The sex question, with all that pertains to it of good and of evil, has not yet had the search-light of science thrown upon it. Physicians and jurists, more than any others, have brought to them diseased and depraved conditions for treatment, and it is a duty they owe to humanity at large that the results of their researches for remedies should be made known, and the best methods for elevating and refining the race be freely discussed. I know of but one society as yet established for the study of all problems associated with the sex question—The National Woman Physicians' Association, organized in 1888. We are making special investigation into questions of marriage, motherhood, and the relation of the sexes. I am sure that our Association will be interested in this paper, and much in sympathy with the method spoken of for the reduction of crime.

Dr. C. J. Lewis:

The subject matter of the paper is one of great importance. I would suggest, however, that the principle upon which the good results are looked for would be not strictly on the line of heredity, so-called, but rather that new members coming by birth into the state should not be allowed such criminal environments. Taking away the environment will remove the cause. That is, have no members—children—grow up in such environment. I think the principle of heredity has been somewhat overestimated at the expense of acquirement of conduct from association. I

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am in hearty accord with the general sentiment of the paper, and earnestly hope it will stimulate others to join in the effort of establishing among our people a sentiment, the application of which will enable all persons to effectually control the impulsive expression of the sexual instinct.

Whether the sexual instinct is of the brain, or whether its center is in the lumbar region of the spinal chord, is, perhaps, a question. It is customary to speak of the sexual sense as having its center in the spinal chord, and from which center, this center ---the chord—emanate all reflex actions. If we hold that the center for this sense is in the spinal chord, then the mind can have but little control over it—which is probably true. If a physician should find the offending seminal organs were beyond the control of the mind in any given person, this fact could be taken as a basis for advising their removal. But before he could do this, it would require the development of a public sentiment that would crystalize in such legislation as would permit the physician to proceed, when complying with the privileges bestowed, to carry out to the fullest extent whatever he should conclude to be for the best interests of both patient and State alike, whatever operation the exigencies of the case might require. From this point—view—what the doctor contends for in his paper is timely, and fitting for all who have an uncontrollable sexual impulse.

Dr. Henry Hulst:

I was very much surprised that Von Schenck Notzing's book was not mentioned in this paper. It is upon this subject of sexual perversion, but the author advocates something very different from castration as a method of dealing with it. He employs psycho-therapeutics, and his results demand attention. His constitutes, in my opinion, the correct method of dealing with these unfortunates. The following is the title of the book, now well-known to every student of neurology: "*Die Suggestions Therapie bie Krankhaften Erscheinungen des Geschlechtsinnes*," etc., by Dr. A. Freiherrn Von Schenck Notzing, Stuttgart, 1892. My friend, Prof. Chaddock, who translated the Psychopathia Sexualis, by Von Krafft-Ebing, has also, I believe, made a translation into English of the former work.

Moll, of Berlin, published a book on it, in 1891—a work known everywhere. I will content myself by merely referring to these works.

Dr. Duncan:

I was much interested in this paper, for various reasons. Coming from a physician, we would naturally suppose he would suggest a remedy, but I think the remedy suggested would not prove as effectual as has been supposed. I am inclined to believe that we will have to come, by and by, to taking care of this class of humanity, just as lepers are taken care of, and not allow them to rnn at large. They have not mental nor moral control of themselves; therefore, the State ought to take care of them.

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So far as the relation of sexual perversion is concerned, especially in children, it is not usually due to the sexual sense, masturbation, but to irritation, and here is a fact that should have a very important bearing on the legal aspect of cases of this kind. I'm very glad the subject has been brought up, for I think it ought to be discussed; that we should reach out and enlist public sentiment in favor of it. It is easy to enact a law, but unless the people support it by popular endorsement, it becomes a dead letter.

The President, Mr. Clark Bell, called Dr. H. M. Bannister to the chair, and said:

"This is a subject which has lately attracted thoughtful minds, in many directions. I will endeavor to confine myself to the legal aspects of the questions involved. We have a little shrinking (due to training) from a free discussion of this question. That is a misfortune. It is a question we should not shrink from discussing. In the South, where Dr. Daniel lives, it is a burning question. All of us remember the case of the progeny of a woman in the State of New York that was traced out, who had given birth, in her life-time, to over fifty descendants that were criminals. That which was traced in New York could have been traced elsewhere in a similar way. It is a grave problem, where the State, which is responsible for the welfare of its people, under the law, has not the power to protect itself from progeny certain to be criminal. We kill the rattlesnake, to try to compass its extinction and prevent its propagation. I think most superintendents of asylums would be willing to recommend that it would be unwise in all respects to allow insane persons to intermarry, if the question of progeny was to be considered. I am inclined to differ with Dr. Daniel upon the legal questions he raises in this matter, and the legal authorities he cites. There is a difference between a surgeon's bleeding a patient, and the operation of castration. The crime of mayhem could be charged against the one, and not upon the other. In the absence of legislative action, I think very few physicians would be willing to take the responsibility of castration, unless there should be such a disease of the organs as threatened the patient's life, or serious injury, when, of course, castration would be perfectly legitimate and proper; but, to castrate merely for the purpose named by the physician to prevent procreation, would be beyond the physician's province, and would be (in all of the States of the American Uaion, in which I am familiar with the law), a violation of the law, and would constitute the crime of mayhem. I am rather in sympathy with Prof. Krafft-Ebing's views on this subject, and with those of the author cited by Dr. Hulst. There can be no doubt whatever of the legal right of the State to pass laws to make this act a punishment for crime, and to insert this penalty in the methods of punishment in the category of punishment for crimes. On that there can not be the slightest difference among lawyers and jurists. The question narrows itself, in my judgment, to the single one of the propriety of its exercise.

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I think the question might be submitted in this form: Would the race be benefited by the extirpation of the power of procreation, in the male, in cases where there was reason to believe that danger to the race would follow reproduction, or in cases of those criminals who had violated the law, as suggested by the author of the paper, thus placing themselves within the power of the State to inflict any punishment it saw fit? Under the old law rape was punishable by death, and certainly this is lesser in its effects than taking life. To contrast it with our knowledge of its operation and effect upon animals, we know it would be beneficial, I think, placing the question as suggested by the author of the paper, in this way, would leave publicists, and jurists, and political economists, in favor of a wise law for the restricted exercise of this power, in a punitory sense, for crime by the sexual pervert, as well as a judicious use of it for the insane."

[From transactions of the Congress, in Medico-Legal Journal for September; the paper itself appears in the Medico-Legal Journal for December.—ED.]

For Texas Medical Journal.

OTITIS MEDIA, ITS CAUSES AND TREATMENT.

ROBT. E. MOSS, M. D., SAN ANTONIO.

THIS SHORT PAPER, with reports of a few cases, is not intended as a scientific one for specialists, but as a practical paper, to impress upon the minds of general practitioners the great importance of this disease, and their duty to their patients. The reason this is written more particularly for the general physician, is the fact that he sees these cases, as a rule, long before the specialists, and in no class of diseases do we find more relief from prompt, early treatment; therefore the importance of seeing these cases before serious pathological changes have occurred.

Otitis media, for practical purposes, may be divided into acute and chronic, suppurative and non-suppurative.

In acute non-suppurative otitis we find, as predisposing causes, former neglected catarrhs of the nose and naso-pharynx, enlargement of third tonsil, and adenoids in vault of pharynx. As exciting causes we have cold, fevers, especially measles, scarlet fever, small pox, etc.; the nasal douche, and teething, are also said by some to be a cause.

The symptoms are deep-seated pain, a sense of fullness, as if the external canal were filled with water, pulsating tinnitus,

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partial or complete deafness, pain and tenderness on pressure below auricle.

The treatment in this condition is strictly antiphlogistic, and removal of the cause. Leeches in front of tragus, mustard plaster over mastoid, followed by hot fomentations. Just a word as to how heat should be applied: Fill the external canal of the ear with water as hot as can be borne; then apply rubber bag filled with hot water, over the ear, having the patient to lie on well side. In lieu of rubber bag, flax-seed meal or mush poultice, covered with a hot, dry flannel. This should not be continued longer than two or three hours, without allowing an interval of rest, then renew again, if needed. A brisk saline purge is highly useful in these cases; aconite, if there be any fever, and an opiate if pain is excruciating. The nose and naso-pharynx should be carefully cleansed, followed by gentle politzerization. The empiric plan of putting into the external canal irritating substances, as stimulating instillations, only tends to aggravate the disease. Instillations of morphine, atropine, cocaine, etc., should be regarded simply as sedatives, and not as treatment of the disease. These cases are usually treated by physicians as if they were neuralgic instead of inflammatory.

If the membrana tympani is seen to be bulging, and the symptoms do not quickly abate by the above treatment, paracentesis should be performed without delay. It must not be forgotten that in nine out of ten cases, if not the tenth also, the cause of the trouble is closure of the eustachian tubes from enlargement of third tonsil, adenoids, or extension of acute naso-pharyngeal catarrh; therefore, treatment or removal of the cause is imperative to effect a speedy cure.

Acute suppurative otitis, as a rule, follows neglected acute non-suppurative otitis. The causes, therefore, in the main, are the same, and at first the treatment is practically the same. If we suspect pus formation from the throbbing pain, bulging membrane, etc., we should do paracentesis at once in the lower segment, behind the handle of malleus. This operation, though apparently one of the simplest in surgery, requires a practiced hand and eye. Careful treatment of nose and naso-pharynx, Politzer inflation, cleansing and drying of external canal, followed by insufflations of boric acid, or, what I prefer, a solution of same in alcohol and glycerine, put in quite warm. This, in a few words, is the treatment for the majority of acute cases; and if, in connection with good hygiene and constitutional treatment,

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it is intelligently and faithfully carried out, the greater number will end in complete recovery, with little, if any, impairment of hearing.

Chronic suppurative otitis is simply a continuation of the acute suppurative cases, either from neglect or improper treatment, or extension to the mastoid, and caries of the ossicles.

These cases come to us with the statement that they have a "running from the ears;" and aside from that there are few, if any, symptoms which belong to the chronic type.

We usually find caries of the bones, mastoid disease, polypoid tissue, or cholesteatoma, the cause of the discharge of pus. Closure of the eustachian tubes by pressure of adenoids, or third tonsil, will keep up a muco-purulent discharge indefinitely. Treatment in these cases is almost entirely surgical; removal of the cause being sufficient, in the greater proportion of cases, to effect a cure. This should be followed by cleansing out the discharge with peroxide of hydrogen, drying the canal, and insufflating iodoform, if due to caries; if not, boric acid, or some mild astringent solution. Here, as elsewhere, the cause must be found and removed, then the discharge will cease, if the parts are simply kept clean.

We come now to non-suppurative otitis media. Nasal obstructions due to posterior hypertrophies of inferior turbinated bones, spur on septum, deviations of septum, chronic catarrhs, etc., are the most frequent causes of this form of otitis. It occasionally follows acute cases, especially where they are neglected. There are no pronounced symptoms in this form of otitis; the onset is so insidious that patients rarely apply for treatment until hearing is markedly impaired, or there is distressing tinnitus. The majority of cases of deafness occurring in middle life are due to this condition, and not "inherited," as some physicians and the laymen believe. We do not see these cases, as a rule, until the golden time for treatment has passed, unless we systematically examine the ears of every patient applying to us for any form of nose or throat trouble. Treatment, however, is highly beneficial for a great number, but it is necessarily prolonged; and few patients will continue treatment longer than three to six months, when one to three years is often necessary to accomplish any permanent relief. The general practitioner does absolutely nothing for these cases, and they are the *bete noir* to the majority of specialists. The nose and naso-pharynx should receive careful attention; then inflating the middle ear

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with fumes of iodine, menthol, camphor, carbolic acid, etc., preferably with the catheter and a douch apparatus. Great care should be exercised in cleansing the nose, then wiping out with absorbent cotton, before introducing the catheter, or some mucus from the nose might be forced into the middle ear, causing serious mischief. The treatment must be varied, and remedies selected to meet the conditions found. If the drum membrane is found retracted, opaque, and free from inflammation, yet showing a thickened condition, and ossicles partially anchylosed, I find inflations of iodine fumes, with gentle massage by means of Siegle's pneumatic speculum, gives the most satisfactory results. If the tubes are occluded, apply nitrate of silver, forty grains to the ounce, or ten per cent. of iodine in glycerine, around the mouth of tubes, in connection with the forcible use of the Politzer bag; this will usually succeed. I am opposed to the use of the filiform bougie to overcome constrictions; it is liable to wound the delicate membrane, and the cicatricial contraction cause permanent stricture. The condition of the stomach and bowels should receive careful attention in this class of cases, for there is no question that irritating eructations will increase an existing pharyngitis, and secondarily the lining membrane of tubes and middle ear.

Where there is marked retraction of the drum membrane, anchylosis of ossicles, with persistent and distressing tinnitus, the only plan of relief is by removal of the ossicles. This operation is almost devoid of danger, when carefully done, and the results highly satisfactory in certain cases.

The following cases are taken from my case-book, and will illustrate the benefits of early treatment:

Katie Y., age 7. Seen first March 20, 1893. Her mother brought her, as she said, on account of "sniffling" and mouth breathing. Her facial expression was typical of adenoids, and examination revealed the vault of pharynx filled with them, tonsils enlarged and follicular, external ear full of impacted cerumen. Tuning fork heard much louder over mastoids, watch by pressure. Cerumen removed, but hearing not improved. Advised early operation for removal of tonsils and adenoids. One week later performed operation under chloroform. After treatment, cleansing spray, with good iron tonic. Three weeks later she could hear watch with either ear forty inches, mouth breathing had ceased, and she was much improved every way.

Charlotte T., age 7. Saw her first July 21, 1893. She com-

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plains that her nose is always "stopping up," breathes through her mouth at night, takes cold easily, and appetite very capricious. Examination showed enlarged tonsils, and vault literally filled with adenoids. Hearing watch—right, one inch; left, eight inches. Operated on the 24th; after treatment the same as above. Three weeks later, hearing normal in both ears; no mouth breathing at night.

November 28, 1892. Edith M. and Ruby M., sisters, 7 and 4 years old. History of repeated attacks of acute ear-ache, followed by discharge from both ears of each little patient. Examination showed perforations in each ear of both, adenoids and enlarged tonsils. They looked pale, poorly nourished, listless, and almost stupid. Operated on both for adenoids and enlarged tonsils, gave cleansing spray for nose, had their ears carefully syringed twice daily, and put in ten drops of a solution of boric acid in alcohol and glycerine. Gave a tonic of iron and cod-liver oil, beef and milk diet, with instructions to live in the open air. One month later perforations healed, discharge had ceased, hearing practically normal. The older one had gained five, and the younger, four pounds; cheeks rosy, and seemingly in perfect health.

December 10, 1893. Edward T., age 22 months. Father brought him for ear-ache and constantly recurring discharge of pus from both ears. Examination after careful syringing revealed perforation in Shrapnell's membrane of each ear. Examining vault of pharynx with finger, found mass of adenoid tissue, which was removed at once with curette. One week after, discharge has ceased and perforations closed. The little fellow (as do the others reported) continues well at this time.

I will refrain from reporting any chronic cases, as it would extend this paper beyond reasonable length.

It is not surprising that these cases are neglected, when such an eminent specialist as Dr. H. Knapp had never examined or operated on a case of adenoids prior to 1892. In these conditions there is nearly always an inherited syphilitic or tubercular diathesis from parents or grandparents; therefore constitutional treatment is demanded in nearly all cases. The importance of an intimate knowledge of general diseases cannot be overestimated, for as Macdonald has truly said: "Specialism is a scientific absurdity, although a practical necessity."

If this should be the means of causing even a few physicians not to neglect the little ones with ear-ache or suppuration (by

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telling the anxious mother "they will outgrow it"), but to refer them to some specialist, if not prepared to treat them properly, I shall feel that it has not been written in vain.

Current Medical Literature.

DEPARTMENT OF PRACTICE OF MEDICINE.

EDITED BY ALLEN J. SMITH, M. D., GALVESTON,

Professor of Pathology and Lecturer on Mental and Nervous Diseases in the Medical Department of the University of Texas, Galveston.

TUFT'S MEDICAL COLLEGE.—The trustees of Tuft's College have decided to establish a medical department, which has been located in Boston. Males and females are admitted on equal footing.

PROF. J. M. CHARCOT, the great neurologist of Paris, died on August 17, 1893, in the sixty-eighth year of his life. He was born in 1825, graduated in medicine in 1853, and became a member of the Institute of France in 1883.

DR. WILLIAM B. TOWLES, formerly professor of anatomy and materia medica in the University of Virginia, died on the 15th of September, last, after a very brief illness. His position has been assumed by Dr. Christian, formerly the demonstrator of anatomy in the same institution.

TREATMENT OF CARBUNCLES BY CARBOLIC ACID INJECTIONS.—Dr. C. H. Wilkinson, of Galveston (*Med. and Surg. Reporter*, September 16, 1893), reports a case of carbuncle cured by interstitial injection of carbolic acid. The writer urges the value of this method of treatment as second in its curative effects only to the knife, as more easily performed than a cutting operation, and as preferable because of its painlessness. He usually adds ten minims of pure carbolic acid to as many drops each of glycerine and alcohol. One grain of cocaine might be added to this mixture to insure absence from pain, but this is scarcely necessary, as the acid soon acts as a local anæsthetic, the smarting pain lasting but a moment. Twenty minims of this mixture are in-

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jected through an ordinary hypodermic syringe, or through a Heaton's hernia needle, into the carbuncle, right and left, out toward the periphery, until all portions of the growth have been reached. Usually one injection suffices, but it may be found neeessary to repeat in forty-eight hours, if the inflammation has not been allayed. Any excess of the fluid should be taken up by a bit of absorbent cotton, or paper, a soft pad of the former being bound on the surface of the carbuncle.

FIRST MEDICAL ORGANIZATION IN THE UNITED STATES.—On July 23, 1766, a large body of physicians met at New Brunswick, New Jersey, and formed themselves into a society to be known as the New Jersey Medical Society; adopted instruments of association and constitution, and elected officers. Regular meetings were held twice a year, and the original records of these are in the possession of the present State Society. In 1781 this association petitioned the Provincial Assembly to pass an act regulating the practice of medicine, and on September 26, 1772, the act was passed. An examination in physics and surgery was provided for, and two judges of the supreme court, with the assistance of such proper persons as they should deem fit, conducting the examination and issuing certificates. Any person practising medicine in the colony without such a certificate (except those licensed by the crown or the other colonies) was liable to a fine. A State charter was obtained in 1790, having been originally applied for in 1774. There was an intermission from 1775 to 1781 in the regular meetings, owing to the war with Great Britain. With this exception, the records of the New Jersey State Medical Society from 1766 to the present are unbroken.—*E. B. Godfrey in Times and Register, Nov. 11, 1893.*

CREASOTE IN THE TREATMENT OF PHTHISIS PULMONALIS.—Dr. F. M. Warner (*New York Medical Journal*, November 11, 1893), states that after an extensive employment of creasote in the treatment of phthisis in hospital and private practice for the past four years, he is persuaded of the positive value of the drug as an agent for combating the effects of tuberculosis. His earlier lack of success has decidedly diminished since the size of the doses employed has increased. He begins with one minim thrice daily, and increases by one minim daily until the limit of tolerance is reached, watching the effect of the remedy on the stomach and bowels, and examining the urine daily. The general

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condition of the patient usually rapidly improves; at first the cough becomes less and less during the day, remaining unchanged at night, and finally improves at night; any tendency to hemorrhage quickly disappears; the sputum becomes thin and frothy, and contains less solid material; the night sweats grow less; and for a time, at least, the weight increases. These effects do not appear with small doses; they depend on the saturation of the patient with the drug. One patient of the writer's has taken as much as 215 minims daily, with no ill effect. The author advises the simultaneous employment of antiseptic inhalations to aid the treatment, such as creasote with terebene, or ether in fifty per cent. solutions, a few drops on the sponge of a Robinson's inhaler used every two or three hours or oftener. Usually, should there appear symptoms of a toxic nature (nausea, vomiting, gastric pain, diarrhœa, dizziness, painful and double vision), they disappear with diminution of the dose.

THE DIAGNOSIS OF TYPHOID FEVER.—A recent number of the *London Lancet* contains, in substance, the following: Dr. V. Filipovich, of Odessa, has remarked that, in all cases of typhoid fever that have come under his notice during the last two extensive epidemics in Odessa, there have been a peculiar induration and yellowish or orange tint in the prominent portions of the plantar and palmar surfaces, instead of the reddish color to be observed in healthy subjects, or the bluish tinge which those parts assume in a cyanotic patient. This yellowish appearance is to be accounted for by the enfeebled action of the heart, the incomplete filling of the capillaries, and the dryness of the skin in typhoid fever. This sign is so constant and so well marked, that Dr. Filipovich thinks that it should be looked upon as affording important assistance in the diagnosis of doubtful cases. That it is in no sense peculiar to the two epidemics that ocurred in Odessa, is shown by the observations of Dr. Skibnevski, who states that he invariably observed it during an epidemic in the neighborhood of Moscow.—*Medical Record, Sep. 23, 1893.*

(For at least three years the editor of this department has taken every opportunity to observe this sign in cases of typhoid fever coming under his notice, and thus far has never found it absent after the first week of the illness. It usually persists, moreover, until the period of convalescence. The symptom was first mentioned to the writer by Dr. S. Solis-Cohen, of Philadelphia, between three and four years ago, with whom its observa-

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tion was supposed to have been original. The symptom is, however, not entirely peculiar to typhoid fever, being occasionally seen in cases of advanced pulmonary consumption, and other affections of a wasting type attended with heightened temperature. It is probable that the explanation given by Dr. Filipovich is in a measure correct as to the cause of the color of these parts of the body, but it can scarcely be doubted but there is also actual pigmentation of the superficial layers of the skin when the brightness of the tint is seen in well marked cases, in whom it persists when the palms are moist as well as when they are dry. The symptoms should be of some service in the diagnosis of typhoid fever from ordinary cases of continued malarial fever, in the latter of which diseases the yellowness of the surface is generally much more widely distributed, and is not of such a canary, or orange hue.)

YELLOW FEVER FROM A MEDICO-GEOGRAPHICAL AND PROPHYLACTIC POINT OF VIEW IN THE MEXICAN REPUBLIC.—The contribution of Prof. Eduardo Liceago, of Mexico (*Medical and Surgical Reporter*, November 4, 1893), read before the recent International Congress of Public Health (October, 1893), is of decided interest to Southern American practitioners. Professor Liceago names the following places as points where yellow fever is almost always present, and which may be considered as centers of infection: Vera Cruz, Alvarado, Tlacotalpan, Laguna, Campeche, Merida, the capital of Yucatan, as well as the following districts of Yucatan, Unucma, Progreso, Temax, Tizimin and Valladolid, and perhaps Motul and Mazcanu. Of the 2580 kilometers of gulf coast, it will thus be seen that but a small part, belonging to the canton of Vera Cruz, the district of Frontera, Campeche and the northern coast of the peninsula of Yucatan, can be regarded as the habitat of yellow fever. Moreover, these last named districts are separated but by the Yucatan canal, a narrow strait, from the island of Cuba, where the fever also reigns. The author suggests this proximity to Cuba as a cause for the especial prevalence of the fever in Yucatan.

2. All the coast of Mexico, on the Gulf of Mexico and on the Pacific, is well adapted for the disease when imported.

3. Yellow fever has become epidemic in the following places of the coast of the gulf: Matamoros, Altamira, Tampico, Tuxpan, Papantla, Misantla, Nautla, Alvarado, Coatzacoalcos, Minatitlan and San Juan Bautista de Tabasco.

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4. The fever has extended in an epidemic form into the interior, but never into places situated more than 1008 meters above the level of the sea.

5. On the Pacific coast there is not a single yellow fever center, but it has been imported into the following places: On the peninsula of Lower California—La Paz y Todos Santos; on the continent—Guaymas, Altata, San Blas, Manzanillo, Acaponeta, Acapulco, Puerto Angel, Salina Cruz, Tonala, Soconuzco, Tapachula and San Benito; and in the interior, in Hermosillo y Culiacan.

6. Immunity against yellow fever is obtained after having had the disease in any of its forms. It is possible that this immunity may be lost at times, but it is seldom the case, as happens with typhus, small-pox and scarlet fever, which may be had by a person previously affected.

7. The vaccine of Jenner against small-pox, and others which science has discovered, authorize us to look for the one that will prevent the yellow fever. The inoculations against this fever which Dr. Carmona y Valle has practiced with success, should be tried on a large scale, in a uniform manner, in order to find out if they are efficacious or not. If future experience should confirm them, they should be made compulsory in the countries where the fever reigns. If they should prove unworthy, the plan suggested by Sternberg, of inoculation with the serum from persons enjoying immunity, should be tried on a large scale and in a uniform manner.

8. The purification of the drinking waters used by persons who have to expose themselves to contact with the disease should be recommended. The purification of the water on board the ships leaving or calling at infected ports, should be proposed.

9. The sanitation of the places which are yellow fever centers should be done at once, to prevent by sanitary police measures the importation of the fever into places where it can be developed.

DEPARTMENT OF THERAPEUTICS.

EDITED BY DAVID CERNA, M. D., PH. D.,
Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc.

AMMONIUM CHLORIDE IN CYSTITIS.—Ammonium is said by G. Corrie, *Virginia Medical Monthly*, No. 6, 1893, to be supe-

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rior to all other remedies in relieving cystitis,—in preparing cases for operation, and in palliating those unsuitable for operation. The author has administered this salt, with very satisfactory results in every instance, in cystitis dependent upon stone in the bladder in cystic irritation from uterine disease or menstrual disorders, in cystic and renal sequelæ of influenza, etc. He prescribes, as a rule, a No. 1 capsuleful of pulverized ammonium chloride, to be taken three to four times in the twenty-four hours (preferably when the stomach is rather empty), each dose to be immediately followed by a glass of cold water. He advises to fill the capsules only when needed, as the salt will dissolve the gelatin in a short time.—*American Medico-Surgical Bulletin*, November, 1893.

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CHLOROFORM AS A TÆNICIDE.—Stephen (*La Semaine* Medicale, No. 54, 1893), again calls attention to the great value of chloroform as a tænicide. The author obtained the expulsion of the worm (*T. solium* and *T. mediocanellata*), even when all other remedies had completely failed. He employed the following prescription:

℞ Chloroform..... 4 grammes (1 fluid drachm);
Syrup .....30 grammes (6 fluid drachms).

To be taken in four parts, at 7, 9 and 11 o'clock in the morning, and at 1 o'clock in the afternoon. The patient is advised to take, besides, 30 grammes (1 fluid ounce) of castor oil, at noon. It is stated that the chloroform was always well tolerated.

* * *

DEATH PROM THE USE OF PENTAL.—Lick (*Deut. Medical Woch.—Rev. Gen. de Clin. et de Therap.*, September, 1893), reports two fatal cases of poisoning by pental. A young girl, whose necrosed finger it was necessary to amputate, inhaled ten grammes of pental from a sponge inhaler. During the anæsthesia dyspnœa, cyanosis and cardiac failure suddenly developed. Artificial respiration and tracheotomy were of no avail, so that death soon followed. The second case was a girl, aged 18, anæsthetized by pental for the injection of iodoform into the hip. She had been previously anæsthetized by chloroform and bromide of ethyl. On removing the inhaler ten minutes after the inhalation had begun, dyspnœa, spasm of the masseters, sterterous breathing and cyanosis developed. Injections of ether, artificial respiration, injections of salt water, and tracheotomy were

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futile; the patient perished. In these cases the accident could not be attributed to asphyxia, but directly to the toxic properties of the pental.—*University Medical Magazine*, November, 1893).*

* * *

SALICYLIC ACID IN RHEUMATISM.—The external application has been employed for a number of years by Bourget (*Rev. Gener. de Clinique et Therapeutique.—Universety Medical Magazine*, November, 1893). He prescribes the acid as follows:

℞ Salicylic acid.....
Lanoline.....
Turpentine..... ..... aa 5 grammes;
Lard..... 40 grammes.

Apply to the joints twice daily.

The acid is rapidly absorbed, and can be detected in the urine half an hour after the application. According to Bourget, the pain speedily subsides, the temperature falls and resolution is effected in two or three days. The accidents following the internal administration of the drug have not been noted.

* * *

THE TREATMENT OF CHLOROSIS.—In the treatment of chlorosis, F. Forchheimer (*Therapeutic Gazette*, November 15, 1893), has used, experimentally, many antiseptics, such as creasote, hydronaphthol, salol, arsenic preparations, bismuth, and tannic acid combinations, and has finally settled down to the routine use of the four former remedies. The hæmoglobin can be increased in every individual on whom he has tried it (eleven cases) by the administration of either salol or hydronaphthol, the latter being, upon the whole, more efficacious in that the rise in hæmoglobin was more rapid. He gives 5 grains of hydronaphthol or salol before meals and the same quantity of hæmogallol immediately after the meal. When these preparations cannot be obtained, large quantities of beef-juice can be substituted, or any of the preparations which contain blood; precaution must be taken to see that they really do contain blood in case the latter are used. In children the author has given up the use of salol for this purpose, and in adults it is used with

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* This report sustains the chief conclusions I arrived at in a recent study of the subject, conclusions embodied in my paper entitled "The Actions and Uses of Pental." (See Transactions of the Texas State Medical Association, 1893; also American Medico-Surgical Bulletin, October, 1893.)—D. C.

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great caution; in the former it has produced mild carbolic-acid poisoning, and the latter have shown, in several instances, evidences of carbolic acid in the urine. Whether or not salacetol will be a perfect substitute for salol remains to be seen. Second in utility comes the administration of the antiseptic before the meal and some form of iron after the meal; carbonate of iron has given better results than any other preparation the author has used.

* * *

LARGE DOSES OF STRYCHNINE IN PULMONARY AND CARDIAC DISEASES.—In an interesting paper, Thomas J. Mays (*The Medical Age*, October 25, 1893), states that his own experiments demonstrate that digitalis acts more on the muscular and less on the nervous structure of the heart than strychnine; that digitalis enhances or increases the irritability of the heart muscle, while strychnine depresses or reduces it; and that the former arrests the heart in systole, while the latter arrests it in diastole. It is believed that the action of these drugs is as dissimilar clinically as it has been shown to be physiologically, and that strychnine is principally indicated in those diseases of the heart which are dependent on a disturbance of innervation, as for example, in simple cardiac weakness and irregularity and intermittency of its pulsations, while digitalis is preferable in cases where there is a want of compensatory power in the heart muscle, as in valvular incompetency. Therefore strychnine should be prescribed when the nerve supply of the heart is enfeebled through auto-intoxication such as is found in the post-paralysis of diphtheria, scarlatina, measles, small-pox, influenza, whooping-cough, and in poisoning from alcohol, lead, mercury, etc. Irregularity and intermittency of the heart's action are frequently benefited by the administration of large doses of strychnine, and more often than not do we find that digitalis is utterly useless in such cases. Sometimes the irregularity will remain, even under the influence of strychnine, but the symptoms which are dependent on, or are a part of this condition, such as pain in the pericardium, orthopnœa, oppression of the chest, will improve or disappear, especially if suitable evacuant remedies are used at the same time. This whole disorder he regards as being probably due to a want of power in the discharge of nerve-force of the heart or rather, perhaps, to a lack of nerve control over the discharge of the muscle-force of the heart. This weakness of nerve-power is not only marked in the heart, but it is also apparent in the lungs,

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and frequently manifests itself especially in elderly people, in a co-existent œdema of the bases of both lungs. Moreover, there is often found an irregularity or intermittency of the heart's action in severe seizures of asthma; and the author knows of nothing which will remove this accompaniment, as well as the original disease, like strychnine in large doses promptly administered, both hypodermatically and by the mouth. Angina pectoris is another paroxysmal disease in the treatment of which strychnine in large doses stands pre-eminent. Again, digitalis is always regarded as the sovereign remedy in the treatment of valvular diseases of the heart and their sequences, but there comes a period in the life history of every such affection in which digitalis, no matter how much benefit was derived from it before, proves utterly useless. This leads of course to disappointment, and often gives rise to serious suspicions concerning the utility of this important agent. The fault lies, however, not in the drug, but in its improper application. It has done all that could reasonably be expected of it. It stimulated the heart muscle to renewed activity after the valvular rupture occurred. It aided in developing its muscular fibres and restored its former power; but now, for some reason or other, the nervous energy of the patient begins to flag, and the heart-walls commence to relax in spite of the muscular hypertrophy which is present, and digitalis no longer possesses the spurring properties which it once had. The blood dams up in the left ventricle and auricle, the pulmonary circulation becomes impaired, œdema and congestion of the lungs follow, and death is threatened by way of the pulmonary organs. It is at such a time, when digitalis fails to counteract these many incidental complications, that strychnine steps in and shows its superior value as a tonic to the waning nerve energy of the heart and lungs.

DEPARTMENT OF GYNECOLOGY.

EDITED BY WM. KEILLER, F. R. C. S., ED.,
Professor of Anatomy University of Texas; late Physician for Diseases of Women, Edinburgh Providence Dispensary.

PAPILLARY CYST OF THE PARO-OPHORON.—Bland Sutton records the following case: Female patient, aged 41, single; had ceased to menstruate for five years. Abdomen contained a fluid not due to heart, kidney or liver affection. A soft mass could

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be felt in the pelvis by rectal examination. Exploratory incision revealed the left ovary replaced by a large soft warty mass the size of two closed fists; right ovary similar but smaller. Both were removed and abdomen flushed. Pelvic peritoneum covered by soft pink velvety warts which bled freely when sponged. Abdomen closed. Uninterrupted recovery.

From this and other cases he concludes:

1. The tumor was a paro-ophoritic cyst which had fungated through its sac walls. Both ovaries are frequently affected.

2. These cysts are usually associated with hydroperitoneum, and the fluid is very rich in cells.

3. They sow warty growths broadcast over the peritoneum, which proliferate mostly in the pelvis, the cells gravitating there.

4. They are not malignant, and if the parent tumor or tumors be removed, the general warty condition of the peritoneum will quickly disappear (compare the appearance and disappearance of warts on the hands).

5. The cells in the fluid of any case of hydroperitoneum due to a tumor cannot be considered as indicating malignancy.

He calls attention to a rare case of papilloma of the pelvis of the kidney, accompanied by secondary villosities in the bladder, and insists that in all post mortem of villous bladder the kidneys should be examined for papillomata.--*Lancet*, (*London*), April 8, 1893.

FIFTY-NINE CONSECUTIVE OPERATIONS FOR SUPPURATING PERIUTERINE LESIONS.—Terrier & Hartman, Paris, *Review de Chirurgie*, May, 1893:

Suppuration bilateral in 24 cases.

Right side only, 16 cases.

Left side only, 16 cases.

Intraperitoneal, but of undetermined side, 1 case.

Of the 32 unilateral cases the appendages of the opposite side were absolutely healthy in six cases; diseased in twenty-six cases.

Origin of Suppuration.—In one case there was an encysted intraperitoneal suppuration opening into the rectum; in forty-two cases it originated in connection with the tube; in three cases the abscesses were purely ovarian, in one case there were multiple foci. Most cases occupied the ampulla of the tube (17), seven were tubo-ovarian, ten tubo-intestinal.

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Mortality after Operation.—In all the cases operated on, 11.86 per cent. Since the operators have operated with elevated pelvis (Trendelenberg's position) their mortality has been reduced from 17.8% to 5-17%, due to the possibility of operating by sight in this position, whereas one has to operate blindly in the ordinary supine posture. This last mortality of 5.17% is much superior to Segoud's mortality of 9.2% in his 102 cases of hysterectomy for similar lesions.

Remote Results.—Forty-six cases followed up. One case operated on in 1887 has had no more trouble. Of three operations in 1888, nine in 1889, nine in 1890, seven in 1891 and sixteen in 1892, forty-two have had no more trouble, two suffer considerable, two have a little pain occasionally; there is no one that is not improved. As to menstruation, twenty-two have never menstruated, six are regular, three are a little irregular, three have a period every three or four months, two have had metrorrhagia, necessitating secondary curetting, one has rather more profuse periods than normal.

The surgeons advocate laparotomy rather than vaginal hysterectomy for these cases. In all their cases they have had no hernia since using buried sutures for each successive layer of the abdominal wall, except in one patient, who developed a bronchopneumonia immediately after the operation.

They have never been unable to operate from the abdomen, and have never required a secondary hysterectomy.

In one or two cases they have had persistent stercoral fistules, but these occur also in vaginal operation.

In tubo-ovarian suppuration laparotomy gives good permanent results, and being a less grave operation and permitting in suitable cases the preservation of healthy appendages where one side is free from disease, it is to be preferred to hysterectomy.

Certain cases of pelvic suppuration, however, may be treated by simple vaginal incision, and in very diffuse suppuration vaginal hysterectomy may be practiced.

TARDY LABOR DUE TO SOFTNESS OF THE FŒTAL CRANIUM.—In the *Loire Medicale* Dr. Blanc calls attention to a parchment-like condition of the flat bones of the fœtal cranium, owing to which the head acts inefficiently as a wedge at the pelvic floor, as being a hitherto undescribed cause of delay in labor. The bones give a parchment-like crepitation to the examining finger. Forceps are indicated.

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The editor of this department feels special interest in this, having had a case precisely answering the description. Forceps ended successfully a tardy labor.

PELVIC ABSCESS.—C. I. Cullingworth, *Lancet* (London), Nov. 4, 1893. In the inaugural address delivered before the Midland Medical Society, Birmingham, Dr. Cullingworth says, that as in other parts of the body, we now know that suppuration in the pelvis cannot be idiopathic, but must always be due to infection. With modern knowledge of pelvic pathology, a more definite diagnosis than simply "pelvic abscess" should usually be possible.

1. *Connective Tissue Abscess.*—He quotes extensively from Prof. Keiller's paper on pelvic cellulitis and peritonitis (*Amer. Jour. Obstet. and Dis. Women*, Sept., 1893, and Trans. Texas State Med. Association, 1983). Agreeing with him in likening inflammation of the pelvic cellular tissue to that of the back of the hand following a septic wound of the palm. These exudations are usually limited by the peritoneal attachments to one side of the pelvis. The usual cause is laceration of cervix or vagina during labor, the latter usually due to forceps delivery. Also operation on the cervix or vagina, in each case, of course, sepsis being added. Abortion rarely causes cellulitis where there is no instrumental interference.

He also agrees with Dr. Keiller's paper as to the importance of the role played by the pelvis lymphatic vessels and glands in the production of pelvic abscess.

Such abscesses point oftenest on the anterior abdominal wall, forming a strip of induration just above and parallel with Poupart's ligament. They may rarely point above the iliac crest, above the pubic symphisis, or at the umbilicus; or, they may follow the femoral artery beneath Poupart's ligament, or the gluteal or sciatic vessels to the gluteal region. Dr. Cullingworth has never had a cellulitic abscess open into vagina, rectum or bladder. He believes that most abscesses opening into mucous tracts are tubal or ovarian (or peritonitic, secondary to tubal or ovarian affections).

The treatment of pelvic cellulitic abscess is incision and drainage. In these cases abdominal section is uncalled for. Once opened they tend to rapid recovery. They do not interfere with subsequent pregnancy. He believed that most fluctuating swellings depressing the vaginal vault are not cellulitic and should not be attacked from the vagina.

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Of *thirty-three cases of pelvic abscess, not cellulitic*, thirty-seven were due to purulent salpingitis; thirteen to purulent salpingitis with suppurating cyst of the ovary; eleven to suppurating cyst of the ovary; seven to tubercular disease of ovary, tube, or both; one to disease of the vermiform appendix; one to suppurating lumbar gland, and six in which the cause was undetermined. Thus *purulent salpingitis* was the cause in 60% of the cases. Encysted collections of pus in Douglas's pouch are almost invariably merely complications of purulent salpingitis.

Suppurating cysts of the ovary is the next most common cause of suppurating pelvic peritonitis. Small suppurating ovarian cysts are not readily recognized by examination, and even on abdominal section are so obscured by adhesions as to escape detection as the source of the peritonitic abscess. Such cases are often diagnosed as pelvic cellulitis. The proper treatment is abdominal section and enucleation. Cullingworth believes most cases of suppurating ovarian cysts are secondary to salpingitis. Of thirty cases purulent salpingitis was found in thirteen, chronic salpingitis in twelve, ulceration in vermiform appendix in one, cause undetermined in four.

In tubal or ovarian tuberculosis, whether or not complicated by tubercular peritonitis, the best results may be expected from operation if the lungs be healthy.

Pelvic fistulæ.—Dr. Cullingworth quotes four cases of fistulæ dischaging pus into the rectum, vagina, cervix uteri, and bladder respectively, as representing typical cases. Two were due to unsuspected dermoid cysts which suppurated shortly after pregnancy,—the others due to tubal and ovarian disease. He urges that these cases of fistulæ communicating with the pelvic mucous tracts are not cellulitic, and that even the most complicated cases are successfully treated by abdominal section.

HYSTERECTOMY VERSUS HIGH AMPUTATION OF THE CERVIX FOR CANCER, T. Bowreman Jesset. (*Brit. Gynæc. Jour.*, May 1893.) Mr. Bowreman Jesset, the president of the British Gynecological Society, in his presidential address compares exhaustively the statistics of vaginal hysterectomy and high amputation of the cervix for cervical cancer.

The dangers of vaginal hysterectomy are: 1, Intestinal obstruction; 2, ligature or division of the ureters; 3, vesico-vaginal fistula; 4, peritonitis; 5, primary or secondary hemorrhage. None of these dangers threaten high amputation of the cervix.

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The death rate in 1273 cases of hysterectomy in Europe and America averages 15%; in high amputation it is very low.

He concludes, that where the diseased area can be removed by supra-vaginal amputation of the cervix, it is much the preferable operation, and hysterectomy should be reserved for those cases where the body of the uterus is involved.

THE ETIOLOGY OF ECTOPIC GESTATION, I. C. Webster, *Edin. Med. Journal*, Nov., 1893. In a thoroughly scientific article on the causes of tubal pregnancy, Dr. I. C. Webster offers the following ingenious explanation of its occurrence, based on observations on the changes in tubes and uterus in normal and tubal gestation:

1. In the lowest animals possessing a genital tract there is no differentiation of tube and uterus, and pregnancy may occur in any part of the Müllerian duct.

2. As the result of impregnation, changes resulting in the formation of a decidua vera take place normally in the uterine cavity only.

3. Careful examination of the whole length of the tubes in normal pregnancy has revealed (but rarely) occasional limited areas of tube that have undergone a similar decidual change, the rest of the tube being unaltered.

4. An ovum may be fertilized in any part of the tubo-uterine canal.

5. Given an ovum fertilized in the upper part of a tube, if decidual changes take place below it, it may attach itself to that part of the tube, instead of passing on to the uterus.

6. Constricting bands, tubal inflammation, anything, in fact, retarding the passage of the ovum along the tube to the uterus, may act as predisposing causes.

He urges afresh the improbability of primary abdominal pregnancy and considers so-called ovarian as originally tubo-ovarian gestation.

Society Notes.

South-East Texas Medical Society.—The next meeting of this flourishing organization will be held in Beaumont, January 2, 1894. Papers will be read as follows: "On Uterine Hemorrhage," by Dr. D. C. Hewson, of Orange. "Puerperal Eclamp-

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sia," by Dr. T. B. Selman, of Village Mills; "Antipyretics in Pneumonia," by Dr. J. Saunders, of Orange; "Plasmodium Malariæ," by Dr. J. S. Price, Beaumont; "Convulsions in Children," by Dr. D. M. Childress, of Smith's Tram.; "Gunshot Wounds of Intestines," by Dr. S. W. Sholars, of Orange.

Election of officers will take place at this meeting. Banquet at night under the auspices of the Ladies' Cooking Club.

J. SAUNDERS, M. D., President, Orange, Texas.

Austin District Medical Society.—The 25th quarterly meeting will be held in Austin, Thursday, the 21st of December. All the respectable physicians accessible to Austin are invited to attend.

The following is the programme:

1. "Ostitis and Periostitis, with Specimens," by Dr. Matthew M. Smith; discussion opened by Dr. Thos. D. Wooten and Dr. J. W. Hamilton.
2. "A Radical Cure of Varicocele," by Dr. S. E. Millican, of New York; discussion opened by Dr. J. W. McLaughlin and Dr. R. S. Gregg.
3. "Consumption; Shall It Be Quarantined?" General discussion.
4. Presidential Address by Dr. R. P. Talley.
5. Election of officers.
6. Banquet.

T. J. BENNETT, M. D., Secretary. R. P. TALLEY, M. D., President.

Galveston County Medical Society.—The following are the newly elected officers of the Galveston County Medical Society, for the year 1893–1894: President, Dr. Wm. Keiller; 1st Vice-President, Dr. A. F. Sampson; 2d Vice-President, Dr. James E. Thompson; Treasurer, Dr. W. H. Baldinger; Secretary; Dr. David Cerna. Executive Committee, Drs. A. J. Smith, R. C. Hodges and E. Randall.

At the last meeting of the Society, held November 20th, 1893, Dr. John B. Haden read a very interesting paper, entitled "The Visual Field and the Perimeter," which was extensively discussed by Drs. Smith, Hodges, Thompson and Keiller. The paper will be sent to the JOURNAL for publication.

On motion of Dr. A. J. Smith, a committee was appointed, with full power to act, to confer with the medical fraternity of Houston and vicinity toward the formation of a District Medical Association, with which the Galveston County Medical Society shall be in affiliation. The committee thus appointed consists of Drs. A. J. Smith, R. J. Hodges and J. E. Thompson.

DAVID CERNA, M. D., Secretary.

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EDITORIAL DEPARTMENT.

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S. E. HUDSON, M. D., Managing Editor.
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DR. R. H. L. BIBB, Saltillo, Mexico; Foreign Correspondent.
DR. ROBT. MORRIS, Charity Hospital, N. O.; Clinical Reports

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The JOURNAL is the official organ of the Austin District Medical Society, the West Texas District Medical Society and the Galveston County Medical Society.

CHRISTMAS GREETING.

The TEXAS MEDICAL JOURNAL sends greeting to its thousands of readers throughout the Southland, and extends to them a sincere wish that they may, one and all, have a "Merry Christmas" and a "Happy New Year," and "many happy returns," as the bashful man unintentionally said to the bride when he sought to congratulate her.

Looking back through the vista of the years intervening since the little "Red Back" timidly made its first bow to the Texas profession, a small edition of an unpretentious little fifty-page pamphlet which seemed in a perpetual blush for its insignificant appearance, and temerity in venturing to have its "say," we recall with pride and gratitude the many words of cheer and encouragement, as well as the many acts of solid support bestowed upon the publication by the better class of Texas physicians; and to-day, at the end of nearly nine years of continued prosperity, nine-tenths of those who first rallied to its support are subscribers still, and prompt as clock-work with their annual contribution to the essential element of success—the exchequer! Thanks, again.

Yes,—through all these years their faith in the Red Back has not flickered. They have borne with our shortcomings and applauded our hits; by their steadfast devotion

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they have testified their faith in the ability and determination of the JOURNAL to battle for honorable, legitimate medicine, and a pure profession. Without fear or favor, it has denounced all quackery, whether *in* or *out of the profession*, and especially the masked form, and demanded that at least those who enroll themselves under the banner of organized medicine shall live up to the principles of the code, and exemplify in their lives and work the highest type of professional character; keeping steadily in view the day when our State Medical Association shall be representative of all that is purest, brightest and best in the ranks of the profession of the State; when to be a member will be,—if not "greater than a king," an honor and a distinction, of which one's children and grandchildren in their day may still be proud.

As time rings out the old year and rings in the new, we bid you God-speed; long life, honor, happiness and prosperity.

INSURANCE AND ASSURANCE.

The words "insurance" and "assurance" are used as synonyms in many instances, the primary meaning being the same. But, like many other words in the very accommodating and elastic English language, the latter has a second, even a third, and a fourth definition and meaning, strangely unlike the primary. We use it here as defined by Webster under the fourth head, "excess of boldness, impudence, audacity."

If certain insurance companies do not understand the words as synonyms—they are, at least, in the habit of associating them very closely. It may be that they—the insurance company officers—look at the matter in a different light from that which falls upon our optic; if so, we would be glad to have a statement of their position and views.

We refer to a custom,—for, the doing of the thing has become so frequent of late that it may be said to have become a custom,—with, however, only certain and a certain class of insurance concerns, of addressing a letter of inquiry to a physician—any physician, even a total stranger to them, who has in any way acquired any prominence in the profession—as to the qualifications of physicians who apply for, or whom they think of appointing to the position of medical examiner for their company. They seek this information, of course, in their own interest—for their own security and protection. They not only ask what one knows of

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the professional qualifications of the applicant, but want an opinion of his general fitness.

The thing can be best understood by giving in full the contents of the last letter of the kind we received,—and we sometimes get two or three in a day. We assume that the information thus sought is, or would be, valuable to the company making the inquiry, else they would not make it; and if it is valuable, the company should pay for it. Here is the form of inquiry generally used:

MEDICAL DEPARTMENT
———— LIFE INSURANCE COMPANY,
————, Nov. 27, 1893.

F. E. Daniel, M. D., Austin, Texas:

DEAR SIR:—Dr.————, of ————, Texas, who is an applicant for the position of medical examiner of the ———— Life Insurance Company, refers us to you as to his standing in his community, and we therefore request you to answer the questions asked below.

When you have written the answers, please inclose this paper in the within envelope. Any remarks you may have to make additional to what you state below, we shall be glad to have you write on the other side of this sheet, and whatever you may write will be regarded as entirely confidential.

Very respectfully,

———— ——, M. D.,
———————. M. D., } Medical Directors.

1st.—Is he regarded as among the intelligent physicians of his locality?

Answer:..... .....

2d.—Do you think him as fit as any other physican in his locality for the position of Medical Examiner?

Answer:.... .....

3d.—Please state whether his standing for truthfulness and the careful, conscientious performance of every duty he undertakes is unquestioned among those who know him?

Answer:..... .....

4th.—Is his medical education sufficient for the duties of a Medical Examiner of a Life Insurance Company? And, *particularly*, we wish to know: Is he competent to make a scientific examination of the Chest by auscultation and percussion?

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Answer: ... .
....

I am a graduate of.....College.
[Sign here] ——————M. D.

Note the wording of the modest request.

We do not know exactly how the company making the above request would define it, but it looks to us as covering the ground of Webster's fourth definition to a "t."

We are pleased to say that there are companies who recognize the value of such service, and pay for it. The Manhattan Life Insurance Company of New York, pays a stipulated fee for the nomination of each medical examiner; and the Hartford, Conn., of which Dr. C. D. Alton is the director, encloses a check every time he asks for information concerning a medical examiner or an appointment. Other companies have and pay a medical referee in each State.

An editorial on this subject appeared in the *Texas Sanitarian* for March, which so fully expresses our own views that we reproduce it in this issue. If there are two sides to the question we should be pleased to hear the other; to us it looks like a great imposition on good natured doctors.

It is not that it is very little trouble; to write a prescription, is very little trouble also; but it is because you are rendering a valuable service to a company well able to pay for it. In case you can thoroughly indorse the applicant you would have not so much hesitation in complying with the request, but suppose you do not know enough of his qualifications and general character to justify an indorsement? The temptation to any but a very conscientious man is very great to say "yes" to all such inquiries referred to him,—he has no interest in it, is not paid, and does not care to incur the ill will of applicant (which he would surely do) by refusing to indorse him. Below is the article from the *Texas Sanitarian:*

* * *

"BEATING THE DOCTOR.—There is a very prevalent custom on the part of life insurance companies of addressing letters of inquiry to physicians as to the habits, qualifications, moral, social and professional standing of those physicians who apply for, or to whom they contemplate offering an appointment as medical examiner. At first this was an exceptional occurrence; now it has become a universal custom. And, no longer content with

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detailed answers to interrogatories relating to the above, these insurance companies now ask a physician—a stranger, and totally disinterested—to send them minute information as to the eyesight and hearing, the mental status, the integrity and honesty of the proposed examiner, together with information as to his pecuniary responsibility—if he pays his debts; and an *opinion* as to whether or not the candidate has *firmness* and *honesty* enough to resist—not exactly *bribery*, in expressed words, but "such influence as might be brought to bear" in the interest of the agent or the person to be examined. This modest request is accompanied by an assurance that the information thus sought to be obtained, if adverse to the applicant for appointment, 'will be held as confidential;' and a stamped envelope is enclosed for a reply.

"There are said to be two sides to every question; but for the life of us, we are unable to see but one side of this question, and that is, that the physician is being used to further the interest of these rich corporations, without even a hint of remuneration, or a bare 'thank ye,' Here the insurance company asks,—and we have never heard of but one refusal,—and always gets something for nothing. That 'something' is a valuable consideration, and ought, by every claim of right, justice and equity to be paid for.

"There are companies who recognize the value of the service thus rendered, and pay a stipulated fee for each recommendation, or information which will guide their medical director in selecting a medical examiner. These companies have, usually, a medical referee, to whom they apply for information, and they pay him from three to five dollars for each appointment made upon his recommendation. We are not speaking of this, the better class of insurance companies. But the majority of insurance concerns will propound the above list of questions to any prominent physician whose opinion may be thought desirable.

"The medical examiner protects the company from loss by a judicious selection of risks, and is paid $5 for his opinion; the physician who furnishes the information upon which the selection of a medical examiner is made no less protects the company from loss, and he is accorded a stamped envelope (for reply) for his pains. Not only this, but, as stated, in the majority of cases his opinion is asked,—not only what he *knows* of the party's habits and qualifications, etc., but an opinion of his general fitness. A physician's opinion is said to be his 'stock in trade,'

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and is worth a money consideration; it has been so held by the courts. What right, then, have these rich concerns to ask it gratuitously?

"Not only that, but whatever responsibility may attach to an appointment of a medical examiner for an insurance company, is shifted from the shoulders of the medical director, who is paid in many instances ten and twenty thousand dollars salary, to the good-natured country or village doctor, who in most cases cheerfully submits to the imposition. There it is, in black and white, and will stand a record against him forever. Doctors are not infallible, and sometimes make mistakes. A favorable opinion may be given of an applicant who turns out to be unreliable, or mayhaps dishonest or incompetent. The medical director, with his fat salary, excuses himself, and throws the onus on his correspondent, to whom perhaps reference has been made by the applicant, and who has hastened to oblige the company—free of charge—under the vague notion, perhaps, that he is doing a brother physician a favor to recommend him.

"Now, this is the only thing that can be said in extenuation of the custom: Dr. A wishes to examine for a certain company; the occasional $3 or $5 fee will be, to him, an item. He makes application for the appointment, and is forthwith requested to furnish reference. He refers to Dr. B, who edits a journal or holds an office which mayhaps has given him some prominence. It may be that Dr. B knows Dr. A well, and knows him to be eminently trustworthy, and in every way fitted for the position. It is but just to Dr. A, then, that when interrogated as to his qualifications, Dr. B should say so. Or, it may be that Dr. B is barely acquainted, but on friendly terms, with Dr. A, and has no knowledge whatever of his capacities or character more than from general hearsay. Here, then, Dr. B is placed in a delicate and embarrassing position. Should he answer the medical director's interrogatories about Dr. A in such a way as to decide the director not to make the appointment, Dr. A immediately infers that Dr. B has not indorsed him. A breech of their pleasant relations follows; Dr. B has lost a friend, perhaps. In either case, Dr. B has rendered the insurance company an important service, one which will save them money, and he ought to be paid for it. True, in the first instance, he has rendered his friend a service; but he has rendered the insurance company a service none the less.

"The *Texas Sanitarian* here and now enters a protest against

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such an imposition. Just so long as the physicians who are called upon in this way will respond, just so long will the imposition be kept up. Let every physician who receives one of these modest requests comply with it faithfully, promptly, conscientiously, just as he does with all other demands upon his professional services; but let him also enclose his bill for the service, and we venture it will soon put a stop to the practice, or at least to the attempt to get *something* for *nothing*."—*Ed. in Texas Sanitarian.*

STRAINING AT A GNAT.

There is a law which prohibits the sending of obscene literature or pictures through the United States mails, as is well known. It seems that the law designates as contraband pictures which display the sexual organs, or parts thereof, and certain other parts of the human body. The law was enacted, presumably, in the interest of morality; and doctors, accustomed all their lives to the anatomical and surgical illustrations of the text in medical works never dreamed of immorality in connection therewith, it is to be presumed, such idea as their being obscene or immoral never entered one's head; hence our readers will be surprised to learn, as we were, that one Anthony Comstock, connected with the United States mail service—a Puritan from Puritanville, no doubt,—sees great danger in the illustrations of medical works, and has "ruled" that they come within the purview of the act, and must be tabooed. The ubiquitous, smiling and pleasant little drummer for a surgical and gynecological operating table has been arrested, we understand, by a United States postoffice inspector, for exhibiting to doctors, in illustrating the uses of his table, certain cuts representing the manner of examining and operating in gynecological work. Under the head of "Purism," our St. Joseph contemporary works off a page or so of righteous indignation forninst the ruling, and against Comstock and the inspector aforesaid, individually and collectively.

This ruling has never been excelled for absurdity and pigheadedness in the annals of the postoffice department. It has never been equaled by any piece of absurdity we ever heard of,—unless it was that of the Boston lady who had pantalets put on her piano legs.

The decision of Mr. Comstock may well be compared to the

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Scriptural figure of straining at a gnat; the corollary, the swallowing of the camel, is found in the fact that pictures really obscene, and accompanied by a text which, if not within itself immoral, is highly suggestive, are permitted to go through the mail, undisturbed, and at pound rates. The newspapers, some of them, are full of them. There is one advertisement in particular, which we think highly objectionable, and which we see not only in newspapers, but in certain high class magazines that go into the families of the best people. It is the picture of a man and a woman in nearly a nude state, holding above their heads a nude baby. In heavy capitals it is announced that "*the triumph of love is fruitful marriage*," and it tells of "a book for men only," which book will be sent through the mails, sealed, upon receipt of the price, and in it, it is promised that the book will tell all about love and the fruitful marriage, as well as give directions for developing "certain organs" which from abuse or what not, have not attained the full regulation size.

We took occasion to cut out this advertisement and submit it, along with an advertisement of "Tansy Wafers," to Bro. Wannamaker, when he was Postmaster General, and asked if such things were not contraband. The reply we received was in substance, and about to the effect, that while they were, in fact, obscene, and ought to be barred, yet technically they did not come within the scope of the prohibition, and nothing could be done to stop it. We were further consoled with the assurance that "Congress is now at work upon a bill which it is hoped will have the effect of excluding such publications," and so forth, and so forth.

If this is not straining at a gnat and bolting a robust camel, we do not know where an illustration of the simile could be found. Verily, we have a virtuous administration and a supersensitive postoffice department, whose modesty would be shocked at the illustrations in Gray's Anatomy! They should put petticoats on the "Greek Slave," and pinafores on the "Graces."

DIAGNOSIS OF DIPHTHERIA.--Every physician knows both the importance and the difficulty in diagnosing a case of diphtheria. In New York there have been established free dispensaries, under the charge of expert bacteriologists, paid by the city, for the purpose of assisting practitioners in a ready diagnosis. In a doubtful case a specimen of the exudate can be sent

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to one of these dispensaries for examination, and within twenty-four hours the doctor can learn whether or not it contains the dreaded Loffler bacillus. Just what one is going to do in those cases of masked diphtheria,—where the disease does not come in sight, as it were, and hence no specimen can be had,—deponent sayeth not. Apropos: In our last our intelligent compositor made a *faux-pas*. We wrote, "The homeopaths, according to their figures and diagnoses, cure more diphtheria than all the regular doctors put together see"; meaning that the homeopaths diagnose all sore throat diphtheria. The printer spoiled the point by putting an interrogation point after "see," thus: "See?" (Confound the printer.)

NOT A STOCKHOLDER.—Our valued friend, Dr. W. C. Wile, of the *New England Medical Journal*, feels aggrieved at our surmise expressed, in a recent issue, that he was a stockholder in the company engaged in manufacturing "certain animal extracts" by Dr. Hammond's formula.

The warmth with which Dr. Wile flew to the defense of Dr. Hammond from an intimation that his—Dr. Hammond's—course with regard to the animal extracts had not been exactly in accordance with the JOURNAL'S idea of "legitimate medicine," and especially as he impugned the JOURNAL'S motives, warranted us, we thought, in the belief that he was an interested party. As the doctor has assured us, however, that we are mistaken, we take pleasure in so stating; we most assuredly would not knowingly do him a wrong.

Medical News and Miscellany.

Subscribers, in remitting for renewal of their subscription to the TEXAS MEDICAL JOURNAL, declare that "it is the onliest" medical journal in the State. Subscribe now for 1894.

The Weekly Medical Review is the first in the field we believe, with its "visiting list for 1894." Thanks for a copy. This annual is now as standard as a directory or a dictionary, and is well known to every doctor. It is a handy pocket companion. Price as usual, Perpetual, 75 cents. Address, J. H. Chambers & Co., St. Louis.

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Change the Name.—The next meeting of the Tri-State Medical Society will be held in Atlanta, Ga., 2d Tuesday in October, 1894, on which occasion it will be proposed to change the name of the society to the South-Easthern Medical Society. This will embrace all the territory east of the Mississippi and south of the Ohio. Dr. Frank Trester Smith, of Chattanooga, is Secretary. The reason for this change is that there are two or three societies bearing the name "Tri-State."

The South-Western Cocker's Journal, edited and published by F. V. Daniel, Esq., at San Antonio, Tex. Monthly, $2 a year. We have received No. 1, Vol. 1 of the above sprightly publication and are much pleased with it. It is "devoted to the Cocker, the Field and the Turf" and will contain matters of interest to all lovers of sport. A prominent feature will be all that pertains to the breeding of game cocks. The publisher is a well known fancier and owns the finest strain of game birds in the State.

The Next International Medical Congress will, according to official announcement of Dr. A. Jacobi, chairman of the American National Committee of the International Medical Congress, be held at Rome, from March 29th to April 5th, 1894. The meeting which was to have taken place September 24, 1893, was postponed on account of cholera prevailing in Italy. Instructions, and documents relating to the journey, etc., are promised for the near future. Address Dr. A. Jacobi, 110 W. Sixth street, N. Y.

Dr. Bennett, well known to all our readers, met with a painful, though not serious accident on the afternoon of 2d inst. As he drove up to his office, his horse, a new purchase, shied at the pretty stair carpet just put down on the steps (it is red-striped —and hurt his eyes, may be), turned suddenly and tilted the buggy to such an angle that it must have upset, had the doctor not jumped out. As he did so, he slipped on the wet flag-stones, and fell heavily. His left shoulder was painfully strained and bruised, but no bones were broken.

Another Journal.—Dr. Jos. M. Matthews has announced that he will issue a quarterly journal, called *Matthews' Medical Quarterly*, beginning with January 1st, 1894. It is to be devoted to Diseases of the Rectum and Gastro-Intestinal diseases, Gastro-intestinal Surgery, and will contain from one hundred and fifty to two hundred pages. Price not stated. Dr. Mat-

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thews, as is well known, has given much attention to the subject to which his journal will be devoted, and will no doubt make it a most interesting and valuable addition to the list of medical periodicals.

Wanted—To learn the present address of the New York & London Chemical Company, lately doing business at 64 & 68 Broad street, New York. Previous to that time they were in the Morris Building. The JOURNAL is carrying their full page advertisement of Lithia Tablets; but letters to address given us do not fetch a reply, and our *drafts* are returned endorsed "not found." Several contemporaries "in the same boat" with yours truly are anxiously asking us "what do you know of the N. Y. & London Chemical Co.?" and one fellow suggests that they have gone to work the London end may be, perhaps; eh? We only want to know, you know, "where they are *at*!"

Female Physicians in Turkey.—Information has been received from Constantinople that our minister, Hon. A. W. Terrell, has gained a noble victory in diplomacy. The laws in Turkey do not recognize female physicians, but notwithstanding they have increased rapidly in that country, and a large uumber of them are composed of American missionaries. They have been embarrassed by the fact that they were unable to obtain Turkish diplomas, and the various ambassadors and foreign representatives have been very earnest in their efforts to secure for women the same rights to practice the profession of medicine as those enjoyed by men, and they have invariably failed, but, at last, under the persistent aud intelligent advocacy of our minister, Judge Terrell, Turkish conservatism has yielded and he has secured privileges for women practitioners of medicine which neither Russian, French, British nor German ambassadors could gain. Judge Terrell displays his gallantry and devotion to the gentler sex both at home and abroad.—*Statesman.*

It is due Dr. Jno. B. Roberts—(apropos of "What a Fish a Frog is" in our last), to say that the JOURNAL has received a letter from Dr. S. Solis Cohen saying that we do Dr. Roberts injustice, in classing him as of those who would "abolish the code in order that homeopathic patronage might flow as grist to the specialty mill." "Had he been," Dr. Cohen says, "he could never have been elected to the presidency of the Philadelphia County Medical Society." The JOURNAL certainly has no wish

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to do any one an injustice; and as Dr. Cohen says that Dr. Roberts is, after all, a good sort of a fellow, or words about to that import, we ask his pardon. Only, we were at a loss to understand upon what grounds he could urge a "homologating" of all sorts and conditions, a swallowing up of the homeopathic element, all but their name, which, we understood, they were to still be permitted to wag; something we suppose as it is said the Alaska fox does, as a bait to catch gudgeons. Dr. Roberts is a gentleman, but he laid himself open to ridicule, and deserves all he got probably.

That Joke.—In our October issue we said:

"THE MEDICAL FORTNIGHTLY.—'The Happy Medium' offers a prize for every error found in its advertising pages, and actually awarded a prize to a subscriber who pointed out that 'substitution' ought to have been spelled 'substitusion.' Good joke on Webster."

Brother Lewis, of the *Fortnightly*, felt worried at being thus caught napping, and tries to get out of it as follows:

"No, brother Daniel, the *joke* is on *you*. The error pointed out by Dr. Alvord was the careless 'substitution' of a capital 'C' for an 'S' after the form had gone to press. Compare issue of September 15, Leland Miller's card, and next time 'look before you leap,' doctor."

If any reader of the *Fortnightly* will refer to the October 1st number of that publication—(not Sept. 15th) he wlll find, on page 232, the following, verbatim.—(We always look before we leap:)

REWARD FOR ERRORS.

ST. LOUIS, MO., Sept. 16, 1893.

DEAR DOCTOR [LEWIS]:—In Leland Miller's advertisement oughtn't "substitution" to be spelled with an "s"?

GEO. E. ALVORD, M. D.

[REPLY.]

Prize Winner No. 1.—Dr. Geo. E. Alvord, St. Louis, wins a copy of the Missouri State Medical Directory, for being the first to discover the typographical error in Leland Miller's card.

Good joke on Snyder. Poor Webster. (But he's dead now.) A word spelled correctly in the *Fortnightly* is pointed out as a "typographical error" and rewarded. Go up head, brother *Fortnightly*.

Extremes in the Death-Rate of Typhoid.—"Dr. Benjamin also remarked that the treatment of typhoid fever had improved or

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the character of the disease had become milder. His attention had been arrested by the report from the Cooper Hospital of Camden, where during the past two years the mortality from typhoid fever had been reduced to 2 per cent. One of the fatal cases was a man who undoubtedly would have gotten well had he not disobeyed orders and got out of bed when known to have a weak heart. He died snddenly of heart failure. When looking up the death rate from typhoid he found that in one hospital in Philadelphia it was 6 per cent, and the treatment employed, said to be the best, was by the cold pack. In the Cooper Hospital they had not used the cold pack, but had employed the antiseptic treatment of disinfecting the bowels. In the Pennsylvania Hospital the death rate from typhoid was 9 per cent last year. He found to his great astonishment that the Philadelphia Homeopathic Hospital (Hahnemann) reported a death rate from this disease of 24 per cent the last two years, 1891 and 1892.

"The location of their hospital was one of the best (and under the treatment of their leading professors) and he was unable to understand why they should have a death rate 1200 per cent higher than others, 100 per cent higher than the most unfavorable statistics in Philadelphia under the "old school" system, yet the homeopathics laid special claim to superiority in fevers, if in anything. The epidemic had been the same, the circumstances the same (except of course the treatment). No explanation had been offered, notwithstanding the daily press had mentioned the subject."—*From the Transactions of the Medical Society of New Jersey*, 1893; pages 36-37.

ERRATA.—In the Doctor Roberts paragraph the printer left off my Alaska fox's *tail*, and makes him wag a *name*, like a homeopath does. Good joke on us.

THE EVILS OF SUBSTITUTION.

BY CYRUS EDSON, M. D.,
Commissioner of Health of New York City and State; President of the Board of Pharmacy of the City and County of New York.

The term "substitution," in its commercial sense, is the perpetration of a fraud by the seller upon the buyer, the former selling the latter something different from the article demanded, under the same name. This fraud is really but another phase of commercial adulteration, and in the practice of pharmacy its

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evils are as insidious and harmful as those of any crime committed by man. These evils are both direct and remote in their effects. They injure, first, the patient; second, the physician; third, the manufacturer. From the standpoint of the patient, the evil affects him directly and indirectly. The dishonest pharmacist has, of course, palmed off on his unsuspecting customer a cheaper preparation than that ordered by the prescriber, because the motive for the crime is, in ninety-nine cases out of a hundred, a mercenary one. The result to the patient from the inhibition of the substituted article may be one of the following: first, no therapeutic action; second, therapeutic action of less potency; third, therapeutic action of greater potency; fourth, therapeutic action of different character than aimed at by the prescriber. It needs no argument to prove that any of these four results would, under certain conditions, be likely to be disastrous to the patient.

The pharmacist is the responsible and trusted dispenser of the physician's order, and when he acts differently than ordered by the doctor, he snips at the threads of fate, possibly without the slightest idea of what will result from the snipping. Then he is no better than a man who fires a bullet among a crowd of people. The result in either case may be manslaughter. Let us take a less extreme view of the crime from the patient's standpoint. The latter fails to get benefit from his medicine, and, as a result, loses time and money. He was cheated when he bought the preparation. Now, indirectly, he lost the fee he paid the physician, and last, but not least, he has lost confidence in his doctor.

From the standpoint of the physician, the evils of substitution have a wider range in their effect than on the individual patient. Medicine has been said to be an inexact science. The reason of this is because it is very difficult to ascribe a given effect to a certain cause. In other words, so many causes operate to produce a given effect in the human economy, that it is difficult to ascertain and fix upon a definite cause. Modern therapeutics is the outcome of the physician's observations and experience of the effect of drugs upon the human system. It is a science to which every physician contributes his mite or his much, according to his ability and his opportunity.

The pharmacist who substitutes, leads physicians astray. By presenting false premises to the latter, the former causes him to make erroneous deductions. The entire medical profession may thus feel the result of a single instance of substitution, and

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numerous other invalids suffer on account of the errors following faulty experience in the case of the physician treating a single patient who is the victim of the fraud in question.

I have already spoken of the loss of confidence in his physician on the part of the victimized patient. This has not only a direct effect upon the invalid, because confidence in his doctor's efforts are, to a great extent, essential to the latter's success in the treatment of of the case, but it may also cause the dismissal of the physician, and his loss of what perhaps would have been a lucrative practice. In this country, physicians have the reputation of being practical. They are the best practitioners in the world. In other countries, medical men are deeper students and better theorists, but here, we pride ourselves on the results we obtain in curing disease. The reason for this is because we strive less for the honor and glory than we do for the almighty dollar. We must give our patients the worth of their money, and we know that we will not be tolerated unless we do. Our patients are quick to discover mistakes, and they are laid at the door of the physician rather than at that of the pharmacist. If this was not the case, the subject of substitution would not be worth consideration, for it would be a rarely committed crime.

The question of injury to the manufacturer is a very important phase of the matter, for, rather singularly, the remedy for the great evil must spring mainly from this source. This is not so strange after all, when we come to think of it, for here we find the effects of the evils of substitution so direct and so distinctly felt that interest is natural. Nothing causes men more concern than pecuniary loss. Cause and effect are here so closely associated that a hue and cry at once follows. The manufacturer invests large sums in producing a reliable preparation; he spends more in bringing it before the medical profession. The latter find it worthy of use, and patronize it until the weeds of substitution check its growth. The way these weeds act, after what I have said is obvious. For example, some pharmacist substitutes an inferior mixture or drug, in the preparation of the phytician's prescription; the effect of the medicine on his patient is nil. The disappointed doctor heralds the fact to his brethren. Such news travels faster than any favorable comments, and undoes in a short time that which the manufacturer has taken months, or perhaps years, to accomplish. Great injury is in consequence done to a deserving business.

Then again, the evil is a widespread one, and the same substi-

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tution in a good preparation is very large, and directly affects its sale. I know of no other crime that tends so much to destroy one's faith in man's goodness as substitution. For the sake of insignificant profit, the dishonest pharmacist deliberately cheats, and perhaps destroys his fellow man. I can only account for the practice by assuming that the perpetrator in some way persuades himself that he is doing no harm, that he is selling something "just as good," that he holds the judgment and knowledge of the physician in small repute, and that he feels perfectly competent to act in the premises. It is a curious psychological fact that it is the easiest thing in the world for a man engaged in a nefarious trade to persuade himself that he is doing no harm, so long as he is making money by his acts.

To correct the practice of substitution does not seem to me a difficult matter. A few years ago the adulteration of food products was a very serious fraud. Confectionery, for example, was greatly adulterated at that time. The exposure of the practice by the Health department of New York City so injured the confectionery business that the reputable manufacturers banded together in an Anti-Adulteration League. Not only did the Health Department cause the formation of the league in the way I have described, but the unfair competition engendered by adulteration also had its effect in forcing honest manufacturers to protect themselves. This league made it its business to run down and punish all persons who adulterated their wares. The result was that in a short time adulteration ceased, and to-day it is impossible to find any adulterated candy offered for sale. Another instance of manufacturers banding together for mutual protection is offered by the Jewelers' Protective Association. This body pursues like an avenging Nemesis any one who robs or cheats its members. Let the manufacturers of pharmaceutical preparations who suffer from the evils of substitution form a like union, and charge its agents with the duty of bringing to justice the perpetrators of the fraud of substitution. The penal code and the pharmacy act both afford excellent laws for the punishment of these criminals. The Board of Pharmacy is not sufficiently equipped to enforce the provisions of the law to this end, and the Health Department is too busily engaged in fighting disease to cope with the evil. The formation of such a union as I have indicated, however, and the punishment of a few offenders, would soon stop the practice. The mere publication of a few instances of fraud, giving the names and addresses of the dishonest phar-

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We want every physician to know that

PHILLIPS' COD LIVER OIL

EMULSION,

Represents, in all essential features, the highest degreee of perfection in the Emulsionizing of Cod Liver Oil.

We believe it to be the only Emulsion not advertised to the Public.

PHOSPHO-MURIATE OF QUININE,

COMPOUND.

A RELIABLE ALTERATO-CONSTRUCTIVE,

Particularly applicable to conditions of **mal-nutrition.**
A reliable **tonic** in **convalescence** from the exanthemata, and of obvious indication in those cases whose deficiency of the Phosphates results in **glandular enlargements, scrofulosis, imperfect bone formation,** or **impairment of the central nervous system.** An easily appropriated and stable combination of the Soluble **Wheat Phosphates** with **Muriate** of **Quinine, Iron** and **Strychnia.**
Of greater strength than the various Hypophosphite compounds.

The above Preparations are put up in Dispensing and Trade Containers.

DIGESTIBLE COCOA.
WHEAT PHOSPHATES.
COD LIVER OIL EMUL.

The Chas. H. Phillips Chemical Co.,
77 PINE STREET, NEW YORK.

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NEURALGIA **TONGALINE**
RHEUMATISM · NERVOUS · HEADACHE · SCIATICA · LA-GRIPPE · GOUT ·

FORMULA

EACH FLUID DRACHM CONTAINS

TONGA .30 GRS SODIUM SALICYLATE 10 GRS COLCHICIN SALICYLATE 1/500 GR
EX. CIMICIFUGAE RACEMOSAE 2 GRS. PILOCARPIN SALICYLATE 1/100 GR.

THE SALICYLIC ACID BEING FROM THE OIL OF WINTERGREEN

MELLIER DRUG COMPANY — ST LOUIS

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A Quotation:

*"Healthy nutrition is a hope that **only careful** alimentation can realize."*

To improve nutrition and conserve energy, it is necessary to substitute new protoplasm for that which is old and diseased. This is the basis for the practice of the super-alimentation in Phthisis and Chronic Diseases, attended with emaciation.

Beef Peptonoids is a most suitable concentrated nourishment, because it is palatable, peptonized and sterilized. It is also exceedingly useful when employed as a nutritive enema.

THE ARLINGTON CHEMICAL CO.,

Send for Samples.

YONKERS, N. Y.

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macists, would go far towards suppressing substitution, for the public is quick to discover and shun the druggist who is considered unreliable and unscrupulous.—*Doctor of Hygiene.*

Book Notices.

ESSENTIALS OF MINOR SURGERY, BANDAGING, AND VENEREAL DISEASES. Arranged in the form of questions and answers. Prepared especially for students of medicine. By Edward Martin, A. M., M. D., Clinical Professor of Genito-Urinary Diseases; Instructor in Operative Surgery, and Lecturer on Minor Surgery, University of Pennsylvania. Second edition, revised and enlarged; 166 pages; 78 illustrations. Price, cloth, $1. W. B. Saunders, Publisher, 925 Walnut street, Philadelphia.

Saunders' "Question Compends" have become very popular with medical students, and there is no denying the fact that they render him valuable assistance when preparing for the quiz or the "green room." Much valuable information is gained from them, and in a very practical and compact form. The one under consideration, No. 12, has been thoroughly revised and brought up to date. The latest appliances in the way of bandages, strappings, sutures, antiseptic dressings, etc., are given, and illustrations appear wherever necessary to elucidate the text. The book has its place, and is worth more than the price asked. H.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK. Bound in Red Morocco, with Flap, Pocket and Pencil Loop. Price, postpaid, $1. Published annually, by the Illustrated Medical Journal Co., Detroit, Mich.

This popular day-book is now in its 16th year of publication. It is good for *thirteen* months from the first of *any* month that it may be begun, and accommodates charges for fifty patients daily for that time, besides having cash department, and complete obstetric records. There is space for the diagnosis of each case, or for brief records of the treatment adopted, following each name-space. Name of each patient needs to be written but three times in a month. In has the usual *printed matter*, such as dose list, poisons and antidotes, urinary tests, exanthematicæ, disinfectants, weights and measures. The book is 7½ inches long and 3½ inches wide, so that it will carry bill-heads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

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Publishers' Notes.

The highest awards and medals at the World's Fair, were given to Reed & Carnrick's Infant Foods and Kumysgen.

See Hall Capsule Co.'s new advertisement, and read what Dr. Brown says of the treatment of vaginal disease by medicated capsules.

The results obtained from Bromidia have been excellent. It combines all advantages of other hypnotic preparations without their disadvantages. The fact that it produces no unpleasant sensation on awaking renders it especially valuable.—*Chicago Med. Standard*, Nov., 1893.

Returned to First Principles.—Prof. Lister, father of Antiseptic Surgery, after thoroughly trying all of the known antiseptics, has returned to carbolic acid as the only true antiseptic; which makes it evident that the Phenique preparations prepared by the Phenique Chemical Co., of St. Louis, are without a rival in surgery, each possessing their own peculiar fields and advantages, and are rid of the rank and objectionable odor of the natural acids.

Just as we Expected.—Jno. Wyeth & Bro. have already prepared tablets of *subgallate of bismuth*, in five and ten grain doses, and offer them to the profession, acting upon Dr. Austin Flint's experience with this new drug in functional indigestion, as given recently in the *New York Medical Journal*. That is about what we meant by the "Function of the Pharmacist." Who says these pharmaceutic chemists are not the physician's ally, and a great convenience to him?

Elixir Six Bromides is recognized as a valuable combination in a certain class of nervous affections. It is sedative, for it diminishes the number of pulsations, produces contraction of the smaller blood vessels, diminishes the temperature, and induces sleep; especially is it indicated in that form of sleeplessness associated with heart lesions or cerebral hyperemia. It has proved of signal service in controlling spasms or convulsions in the child as well as in the adult, in fact, it deserves a front place in therapeutics for its power in controlling epilepsy. It can be administered for years with safety, for it is not cumulative, owing to its combination with Cannabis Indica, which aids the bromides to be eliminated by the kidneys.

Acute Gout comes on unexpectedly. The pain may be in the metatarsophalangeal articulation of the great toe, or in any other articulation of the body, from the toe up to the cervical vertebra.

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Anderson Antiseptic Vaginal Capsules

FOR THE LOCAL TREATMENT OF

DISEASES OF THE VAGINA AND UTERUS.

The most efficient and cleanly means of introducing remedies into the vagina. Antiseptic, perfectly soluble and reliable. Each capsule contains an absorbent tampon which may be medicated with any remedy indicated.

WHEN?

In all cases of acute and chronic inflammation of the lining of the womb; Gonorrhœal, syphilitic, purulent and leucorrhœal discharges.
Relaxation of the uterine ligaments and weakening of the vaginal walls.
Falling of the womb. Ulceration of the os uteri.
Diseases of the ovaries and fallopian tubes.
Painful and scanty menstruation.
Where the womb is extremely irritable and neuralgic.

HOW?

Moisten the tampon with the remedy, draw it back into the capsule by means of the linen thread, replace cap and insert.

WHAT?

The result is grateful relief to the sufferer and satisfaction to the physician. No handling of disagreeable drugs; no loss of medication in the introduction; no soiling of linen.

THE VERDICT!!

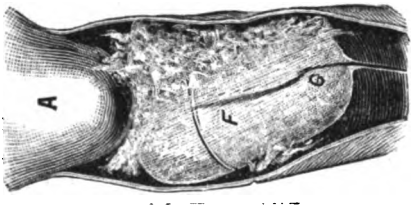
RATIONAL. CONVENIENT. CLEANLY. EFFICIENT.

Three Sizes.

NO. 1 SMALL

NO. 2 MEDIUM

NO. 3 LARGE.



Tampons.

ABSORBENT COTTON

OULO-KUTUN OR WOOL

AS DESIRED.

VALUABLE AS A PESSARY.

Extract from a letter from Dr. A. J. Howe, Professor of Surgery, Eclectic Medical Institute, of Cincinnati, Ohio.

"The Anderson's Vaginal Capsules charged with tampons of Oulo-Kutun are a convenient vehicle and medium for introducing douches or medicated fluids into the vagina, and retaining them there. Astrigent, sedative and antiseptic liquids may be thus employed, instead of the syringe as an implement, or as speculum."

Repectfully, A. J. HOWE, M. D.

☞Send for Printed Matter containing valuable information.

THE HALL CAPSULE CO.,

MANUFACTURING CHEMISTS. CINCINNATI, O.

☞Have you seen our "Ruby Capsule" for disguising the physical appearance of prescriptions, and for use when two medicines are to be taken in alternation?

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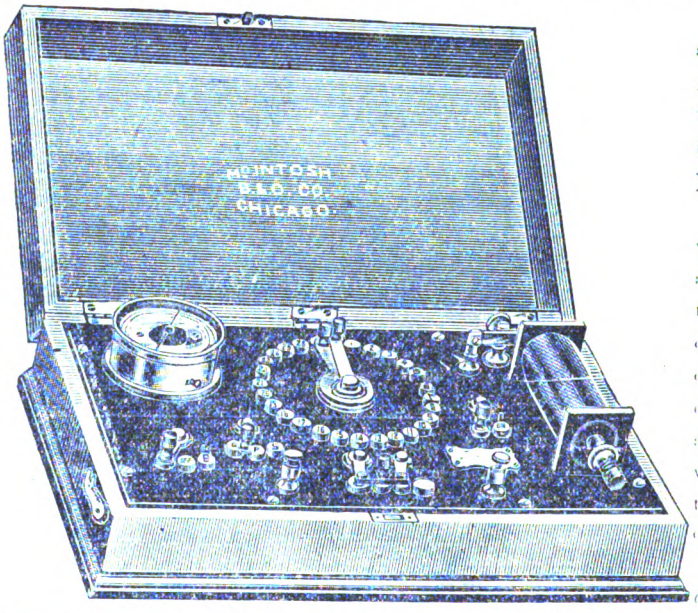
"DRUGGED TO DEATH"--A Terrible Tragedy!



It happens almost daily just because the physician has not a good

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We have a very important proposition for your consideration contained in our large Catalogue, which will be mailed to you without charge.

Write for *Catalogue "F."*

McINTOSH BATTERY AND OPTICAL CO.,

141 & 143 Wabash Avenue, CHICAGO, ILL.

HELONIA TABLETS

VAGINAL

FOR THE CURE OF

LEUCORRHŒA

AND ALL

VAGINAL DISCHARGES

EACH TABLE REPRESENTS

Ex. Helonias	¼ gr.
Acid Tannic	½ gr.
Acid Salicylic	1 gr.
Ex. Opium	¼ gr.
Acid Boracic	3 gr.
Ex. Hyoscyamus	1 gr.

With Thymol, Eucalyptol and Alum

A simple and efficacious method of treatment that does away with the uncertainty of medicated vaginal injections.

DIRECTIONS. One or two to be inserted into the Vagina each night, followed by a warm water douche in the morning.

Put up in elegant shape for Physician's Prescriptions only.

FIFTY IN EACH BOTTLE; PRICE $1.00.

GENTLEMEN—I have practiced Medicine quite a number of years, but I have never used a remedy that acted with such marvelous effects for good as your "HELONIA TABLETS." Leucorrhœa vanishes like magic. I am, yours truly,

L. Adair Downer

North Chemical Co., 30 Platt St., New York City. LOUISVILLE, KY.

For sale by one or more of the Wholesale Druggists in Chattanooga, Tenn., Cleveland, O., Chicago, Ill., Cincinnati, O., Dallas, Tex., Detroit, Mich., Denver, Col., Des Moines, Iowa, Evansville, Ind., Fort Worth, Tex., Indianapolis, Ind., Kansas City, Mo., Knoxville, Tenn., Louisville, Ky., Little Rock, Ark., Memphis, Tenn., Minneapolis, Minn., Nashville, Tenn New Orleans, La., Omaha, Neb., Ottumwa, Iowa, Peoria, Ill., Pittsburg, Pa., Quincy, Ill. San Antonio, Tex., St. Louis, Mo., St. Paul, Minn., St. Joseph, Mo., Toledo, O., Waco, Tex. and Wheeling, W. Va.

Send for Samples and Literature (mentioning this Journal).

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The pain rapidly becomes unbearable. The patient feels as if the affected joint were in a vice; he sighs, moans, throws himself around in bed; the leg, or even the entire body trembles with pain. Soon after the commencement of the attack, the skin covering the affected joint begins to swell and redden, and there is a fever, with a full bounding pulse, dry skin, intense thirst, concentrated urine, and great mental excitement. Toward morning there is a remission, but the affected joint remains swollen, shining and very red, the whole leg is slightly swollen by œdema. The next night the scene of the past one is repeated with equal severity; the following day brings another remission, and so on for a week or ten days. Then the swelling, redness and pain gradually disappears, with desquamation of the cuticle, and the parts return to their normal state. I have cured just such cases as described above, in twenty-four hours, by administering desertspoonful doses of "Henry's Tri-Iodides" every three hours. —*C. J. Rademaker, M. D., Research Analyst, Louiville, Ky.*

Malt Extract.—Extract of malt is no longer an official preparation—at least it will very soon not be, as it is one of the dismissed articles from the Seventh Decennial Revision of the U. S. Pharmacopœia. Why this is "thusly," when it is an article of so much therapeutic value and so largely used, it is not within our province to say. It looks to us as if the revision committee were either perfectly satisfied with the quality of the present commercial supplies, or that they despaired of describing or defining the product in such a way as to permit of easily-applied tests for limitation and verification of the standard by the ordinary druggist. If the former supposition be the correct one, we surmise that Parke, Davis & Co.'s Exract of Malt was one of the brands on the market that they found to respond to every test, both as to diastatic strength and palatability.

There are extracts of malt which will scarcely effect the conversion of starch, but these we need scarcely say are worthless in the treatment of carbohydrate indigestion, although they may in palatability be perfectly acceptable. It is almost out of place to speak here of the many uses to which a good extract of malt may be put, but probably the most frequent occasion is in handling cases of ovarian troubles, with the very common indigestion accompanying, that of the starchy foods in particular. Extract of Malt (P., D. & Co.) will prove itself an efficient agent wherever the natural fluids are showing themselves to be unable to accomplish starch conversion, and its present high standard of activity in this direction may be depended upon even after the official guardianship of the Pharmacopœia is dissolved.

Imitation the Sincerest Flattery.—That may be true; but Messrs. Fellows & Co., the great chemists, inventors of Fellows' Compound Syrup of Hypophosphites, a preparation now as standard as quinine, and as indispensable, nearly, *object* to being flattered in any such way. So persistent have been the attempts to counterfeit their preparation, that Mr. Fellows finds it neces-

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sary to write to the medical press and ask its co-operation and influence in putting a stop to it. We cheerfully second his effort, and advise our readers to not only specify "Fellows'" when prescribing, but to see that it is dispensed, in the interest of their patients and their own reputation. Mr. Fellows says:

"In order that you may have no difficulty in distinguishing it from the various inferior substitutes that are frequently offered in its place: 1st, the bottle is enveloped in a bright yellow wrapper, bearing in water-mark the words 'J. I. Fellows, St. John, N. B.,' and with a copy of the original label printed upon it in black; 2nd, within this wrapper is a white printed paper giving directions for use, and containing, also, copies of the earliest medical testimonials in favor of the Syrup; 3rd, on the front of the bottle is the now well-known label, bearing across its face a a facsimile of the inventor's signature; 4th, the bottle is hermetically sealed with a transparent crimson preparation; 5th, the words 'Fellows & Co., Chemists, St. John, N. B.,' are blown into the glass; 6th, on allowing the Syrup to remain undisturbed for forty-eight hours, a flocculent brown precipitate of hypophosphite of manganese becomes visible. Finally, it may be mentioned that the preparation is never advertised in any way to the public."

Medication in Vaginal Diseases by Capsuled Tampons.—Permit me to call the attention of the profession to one of the most useful, ingenious and complete modes of treating many diseases of the womb, that it has been my good fortune to try. I allude to "Dr. Anderson's Antiseptic Vaginal Capsules," with absorbtive filling, manufactured by the Hall Capsule Co., of Cincinnati, Ohio. By the use of this capsule the physician is saved the nauseating performance of introducing caustics or other applications of cotton, forceps, sound, etc. All that is necessary is to introduce your medicament on absorbent cotton in the capsule, close it and then introduce it, and the work of application is done. By means of a string there is no trouble in removing the cotton. Owing to the softness and easy pressure, the patient feels no inconvenience whatever. As a pessary, I regard it the best I have ever seen.

The first case in which I had to use the capsule, was with a lady 36 years of age, with extensive ulceration of the os uteri. She informed me that she had been under treatment of various physicians for three years, but could not see that she had improved. In addition to the ulceration was anteversion, discharge free and very offensive, so much that she dreaded society. The terrible strain upon her was wrecking her system. About the middle of last November I commenced treating her by means of "Dr. Anderson's Antiseptic Vaginal Capsules." For the first ten days the discharge was so great that the capsule was changed twice in twenty-four hours. As she improved, it lessened rapidly and a change once in twenty-four hours was sufficient. But by the first of January she had gained eight pounds. At the present writing no ulcers have appeared.

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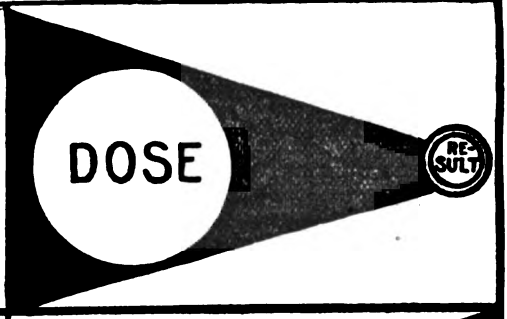

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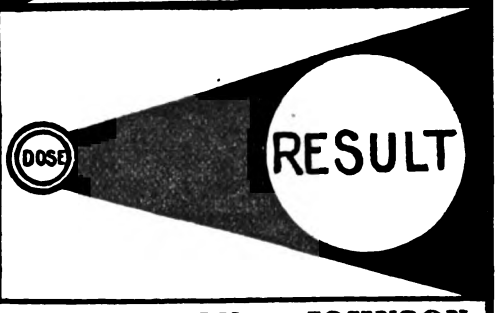

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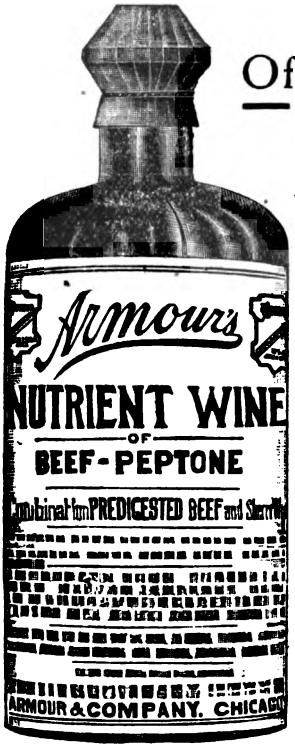

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Food is the foundation of life, assimilation of food the condition of existence.

A distinguished writer says:

"Nearly 80 per cent. of the patients who apply for relief, suffer from organic diseases, or functional disorders due directly or indirectly to mal-assimilation of food. The impaired condition of the nutritive powers will account for most of the misery and suffering which the modern physician is called upon to remove and alleviate."

ARMOUR'S STANDARD PEPSIN supplies deficient digestive power.

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The benefits derived from its use as a pessary, certainly command the intelligence of physicians. I have also used the capsules in several cases of leucorrhœa with better success than any other mode I have ever tried. While I am not quick to run after strange gods, yet I candidly believe the physician who will give this capsule an impartial trial, will agree with me that it is the easiest and best means of treatment known, as the medicine prescribed comes in contact at once with the diseased parts and is retained there until it is absorbed.—*Jno. R. Brown, M. D., in Columbus Med. Journal.*

A too Common Affront to the Profession.—About a year since the *Journal of the Americal Medical Association*, in an editorial article, referred in unqualified language to the strained relations which it asserted were existing between physician and druggist; the salient cause being the habit of counter prescribing, coupled with the more vicious habit of substituting. Since then, if we may judge from the tone of the bulk of new literature being sent out, the substitution habit is shown to be the one great enemy overtopping all others, to successful medical practice.

We do not mean to assert that all pharmacists are given to the habit. On the contrary, we believe a large majority of them to be entirely free from and above suspicion. Still the fact remains that substitution is practiced to such an extent as to engender anxiety and timidity on the part of prescribing physicians.

Persistent effort at substitution is but a commendation of the genuine product sought to be imitated, and the practicing physician is quick to recognize the fact. And, once recognizing it, his confidence in the genuine is strengthened, while at the same time he is forced into the unpleasant attitude of maintaining a constant wariness over his prescriptions.

As fairly typifying this condition we give below an extract from a letter from Dr. Bostick, of Galena, written October 24, 1893, to the Antikamnia Chemical Co. This letter is, by the way, a fair proto-type. He says:

"I became dissatisfied some time since with the action, or rather non-action, of what I supposed to be Antikamnia. I began to look into the matter and discovered the druggist had been substituting in my prescriptions. I then had him get me tablets which I felt quite sure he, with any appliances he had, could not imitate; since which time I have been entirely satisfied with its action. I am satisfied that much *stuff* is sold and palmed off as Antikamnia, much to the detriment of your article, which has proven so very satisfactory to me. In many cases where quinine is indicated, I cannot prescribe it on account of its action on the brain, unless with Antikamnia, which seems to remove the objectionable feature."

The foregoing will surely justify all practitioners, where they may have cause to suspect they are being subjected to any such practices, in insisting upon the perfect integrity of *everything* they specify in their prescriptions. *The doctor has the highest and best right to insist that no worthless substitute be imposed upon his*

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defenseless patient. He knows the specific effect of the genuine drug and knows equally well it cannot be successfully imitated.—Courier of Medicine, Nov., 1893.

Europhen in Wound Treatment: By Dr. Truka, Regimental Surgeon.—Europhen possesses properties of great value to the surgeon, and which render it especially adapted for dry dressings. These are its lightness (five times as light as iodoform), its hygroscopic character, its ability to adhere to wound surfaces, mucous membrane and skin, its comparative freedom from odor (the odor being aromatic, somewhat like that of saffron), its ready solubility, especially in oil, alcohol, ether, collodion, and its comparative innocuousness. The resinous powder is particularly adapted for impregnating gauze, mull, as well as lint, which are thus converted, without further preparation, into the so-called adhesive dressings, which are very suitable for the arrest of bleeding (parenchymatous hemorrhages, bleeding from cavities). For preparing the ordinary dry dressing, I impregnate sterilized gauze or lint with an alcoholic emulsion of Europhen with glycerine (Europhen 5–10 grammes spir. vini. conc. 100 glycerine 20 grms.), one metre of the gauze being impreguated with about 100 grammes of the mixture; adhesive dressings may be prepared from these, by rubbing in Europhen powder. Such dressings are especially adapted for tampon material, in severe hemorrhages of exhausted persons, and in children's practice where iodoform seems contra-indicated. Adhesive Europhen has proved very serviceable in my practice in severe epistaxis, in hemorrhage from the female genitals, and after operations upon the rectum. Pure Europhen is highly to be recommended as a dusting powder or in the form of ointments (10 per cent.). Under the use of the former I observed complete arrest of the secretions, and disappearance of pointed condylomata of the vulva and cauliflower excrescences on the glands by a process of gradual shrivelling and without operative interference, provided they are of soft character. After excision of the firmer growths, the remnants rapidly shriveled and the secretion of the mucous membrane disappeared under the use of Europhen. The latter was applied extensively in cases of deep eczema, to profusely discharging wound surfaces after cauterization, frost-bites, burns, septic processes of the cutis, in cutaneous tuberculosis, and, with especial success in lupus of various kinds after extirpation. The Europhen powder dressing was also employed after Thiersch's transplantation of skin with specific effect.

In copious otorrhœa Europhen was rapidly effective, and the affection subsided in a comparatively short time after insufflation of the powder, in combination with one-fourth to one-half per cent. irrigations of diaphtheria to render the secretion odorless. Unless used in connection with the fluid antiseptics, Europhen exerts no deodorant effects upon the discharge in otorrhœa and ozœna. In the moist forms of the latter affection, however, it has a favorable influence, since after thorough disinfection and mechanical treatment it prevents recurrences, or, at least, postpones them.—*Wiener Medizinische Wochenschrift, No. 32, 1893.*

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Original Contributions

For Texas Medical Journal.

UTERINE HEMORRHAGES.

BY WM. KEILLER, F. R. C. S., ED.
Prof. of Anatomy, University of Texas.

Read befre the Galveston County Medical Society, December 4, 1893.

GENTLEMEN:—Hemorrhage from the uterus (exclusive of those hemorrhages, more directly associated with obstetrics) is a symptom of so many conditions, and one of such great interest alike to the general practitioner and the specialist, that I do not think you will grudge me the time during which I shall direct your attention to the subject, even should I only succeed in making nothing more than a review, in marshaling before you systematically the whole army of diseased conditions which must be presented to the mind of the experienced physician by the symptom "uterine hemorrhage." It is perhaps a good business maxim to take every man for a knave till you find him out to be an honest man, and it is certainly a good rule in gynecology to consider every adult female as actually pregnant, or as having been so, till you have indubitable proof that it is otherwise. Bearing this rule in mind, and remembering also that uterine hemorrhage is always a symptom only, never a disease, we shall be in a proper frame of mind to approach the subject.

1. Profuse menstruation in the young unmarried woman, is not by any means an infrequent or unimportant condition.

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No doubt careful examination in such cases would be instructive; but physical examination is not justified unless absolutely necessary, and most cases will yield to the systematic use of remedies directed towards improvement of the blood and relief of constipation. 5 grs. of dried sulphate of iron in capsule thrice daily after meals, and Hunjari Janos water every morning before breakfast, or for poorer patients sufficient sulphate of magnesia well diluted, in the morning, to move the bowels freely, will give relief, or if that fail ergot hamamelis, or hydrastis canadensis may be used to limit the discharge, while the former remedies are used between the periods.

ABORTION.

Perhaps the most frequent class of cases that one meets with in practice is as follows:

Patient complains of being very frequently unwell and very copiously, though she used to be regular. Careful inquiry elicits that she was quite regular till some time previously, when her period was delayed for one, two, or more weeks, and then came rather profusely. She did not think herself pregnant, and does not think she had aborted. Since then menstruation has been frequent and profuse. Bimanual examination reveals some uterine enlargement, and often retroflexion, or version; nothing abnormal in the fornices vaginæ. Diagnosis, abortion followed by endometritis. Scrapings from such a uterus may consist of weak œdematous granulation tissue, or of excessively vascular mucous membrane with greatly complicated and distended uterine glands.

TREATMENT.

Reduction of any retro-displacement that may exist, and the use of a suitable pessary with hot douches, laxatives, and 30 drops of fluid extract of ergot, ergotin 4 grs. in pill, or hamamelis, or hydrastis canadensis should be given a fair trial, as a certain number of the less severe cases will yield to such treatment; and we should not forget that while we may curette 99 times without trouble, in the 100th case we may have the most serious inflammatory complications. But if after fair trial these remedies fail, then there is nothing so safe or so sure as the curette. Like Volkman's spoon it is diagnostic as well as curative, as even the sharp curette in careful hands will not remove healthy mucous membrane. Dilate if necessary, curette, and after carefully removing all debris, swab out with liquified carbolic acid or iodised

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phenol. I do not think it matters whether an iodoform gauze drain is used or not—I prefer not, and think it unnecessary. In this connection I would like to emphasize the necessity of rigid antiseptics, and at least one week's rest in bed, with medical supervision in even the simplest cases, and I would prescribe ergot for a fortnight after operation.

But one is often called in for uterine hemorrhage due to incomplete abortion; and here it may be laid down as a rule that in a married woman previously regular, a sudden attack of profuse hemorrhage is in all probability due to an abortion, whether she thinks herself pregnant or not; for the most experienced woman may be thoroughly convinced that she is not pregnant, and yet you may find a two or three months' conception in process of expulsion. The diagnosis of such a case should offer little difficulty, and the indication is the speedy and thorough aseptic emptying of the uterus.

If the whole ovum, or the placenta, be in process of expulsion, sublimate douche, followed by a vaginal tampon of iodoform gauze, and ergot internally, will usually result in the complete emptying of the uterus in 24 hours, when the plug is to be removed; the ovum being found in the vagina. No case should be allowed to go on bleeding under expectant treatment. If plugging fails, the uterus should be thoroughly emptied by the finger or curette, under chloroform, washed out, and the patient kept in bed for a week.

EXTRA-UTERINE PREGNANCY.

Now, I wish to put side by side with these cases of hemorrhage, due to abortion, a very different class of case, but one which may resemble it very closely. I mean ectopic pregnancy; and I consider this a matter of the utmost importance, as the last condition may be mistaken for abortion, and the mistake may lead to the gravest consequences. Think for a moment of the frequent course of an ectopic gestation.

Patient previously regular, misses a period. About the end of the first month she has a sudden severe pain in the ovarian region. This is followed by uterine hemorrhage more or less severe, and the *passage of decidua*, and while the decidua may go unnoticed altogether, it may be observed and mistaken for an abortion. The pain in the side was probably due to a sub-peritoneal rupture of the pregnant tube, but there may be no more trouble there, and the pain itself be entirely forgotten by the

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patient, and only to be elicited in her history by careful leading questions. Let the pain be forgotten, and your history is a complete one of an abortion, and the indication is the curette. One thing only remains to guide you past the quicksand, and that is the presence of a tumour on one side of the uterus. Miss that and you will make a fatal mistake, and may lose your patient. What, then, are the symptoms of ectopic pregnancy? First, the ordinary signs of pregnancy (all of which may be absent); second, the presence of a slowly-growing tumor, displacing the uterus to one side; third, the passage of decidua and irregular hemorrhages; fourth, paroxysmal pain on one side. The two essential factors in the diagnosis are the presence of the characteristic tumor and the passage of decidua. As regards treatment, there is now no difference of opinion as to its early removal by abdominal section. If it have ruptured it must be removed at once, if the patient be not too collapsed for operation; if diagnosed before rupture, it should be removed before rupture. The earlier it is undertaken the easier will be the operation.

Chronic cophoritis, and its common result, the small cystic ovary, dermoid tumors, and pyo-salpynx, may all have menorrhagia and irregular menstruation (rarely metrorrhagia) as a symptom. Of these a dermoid tumor, a pyo-salpynx, and a tubal gestation, may present difficulties in differentiation, but the treatment is the same for each condition, and it is notorious that when one opens the abdomen, one must be prepared for anything, often for what one least expects. It is to be remembered that any of these conditions may lead to persistent uterine hemorrhage, and that curetting the uterus for hemorrhage, due to a pyo-salpynx, has before now led to death by rupture of the tube; and the moral is this, "Never proceed to curette before you have carefully examined your patient bimanually after she is under chloroform, no matter how confident you are of your diagnosis." I remember two cases of my own which impressed me very strongly with the extent to which one may be misled by examination, and how the anæsthetic may clear up the diagnosis. The first was in a young woman who had never borne children. She was nervous, tender, and had well-braced abdominal muscles; and any one experienced in bimanual examination will appreciate how such a combination of conditions may make diagnosis impossible. But this case impressed me specially, because neither I myself, nor an experienced gynecological specialist, could detect a large uterine fibroid which, under

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chloroform, became so evident as to be child's play to the merest tyro. The second case was that of a multipara, with fatty abdominal walls. A miscarriage was followed by obscure pevlic symptoms, accompanied by high temperature. Careful examination, without anæsthesia, detected nothing in the pelvis. Several times I thought of giving her chloroform to examine again, but put it off. She ended by discharging an enormous quantity of pus at her umbilicus. This was treated by a drainage tube, and she made a good recovery. I have no doubt that examination made under an anæsthetic would have led to detection of fluctuation, and the opening of the abscess, a long time before it bursted.

It will be noted that I have been led by association of symptoms to follow abortion, as a cause, by an enumeration of causes external to the uterus itself. Let me now repeat that apart from heart, liver, and kidney affections, which, of course, must not be lost sight of, the conditions outside the uterus itself, which most frequently give rise to menorrhagia and metrorrhagia, are extra-uterine pregnancy, oophoritis, and small cystic ovaries, and pyo-salpynx. Returning to the uterus itself, metritis, subinvolution, endometritis, fungous endometritis, endocervicitis, all of which are conditions closely associated with each other, and all of which are usually, though not always, results of abortion, or parturition, are to be treated much as I have suggested under the heading of abortion; but the full treatment of these conditions is quite beyond the scope of my present paper.

UTERINE OR CERVICAL POLYPUS.

A small uterine or cervical polypus is by no means an uncommon affection, and may give rise to troublesome hemorrhage. The currette may miss it entirely, and the diagnosis be impossible without cervical dilatation to the extent of admitting the finger. It is to be removed by polypus forceps.

FIBRO-MYOMA.

Apart from the sequelæ of abortion or child-birth, there is no more common cause of menorrhagia and metrorrhagia than uterine fibroids, the interstitial and submucous varieties giving this form of trouble. The patient usually complains of pain, more or less constant, in the back, or ovarian regions, perhaps a sense of weight, and menorrhagia, or frequent menstruation, more seldom of metrorrhagia. The cavity of the

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uterus is enlarged, and possibly tortuous, causing a good deal o difficulty in passing a probe; bimanual examination reveals one or more rounded tumors continuous with the body of the uterus. With regard to treatment: Judging from the frequency with which one finds fibroids post mortem, the majority of cases give rise to no more trouble than some backache—are probably never brought before the physician. The amount of the hemorrhage does not depend on the size of the tumor, but on its relation to the uterine mucosa. Hemorrhage is usually the only symptom that requires treatment, for though they may give rise to hydronephrosis from pressure on the ureter, bladder irritation, or rectal symptoms, such cases are the exception, and not the rule; and most patients with fibroids will lead fairly comfortable lives, if you will keep their bowels regular. Of those cases complaining of hemorrhage, the majority will yield to ergot (or other uterine hemostatics—ergotine often acts better than the fluid extract) used persistently both at and before the period (30-drop doses of the fluid extract, or 4 grs. of the ergotine, thrice daily), combined with iron and laxatives. If this fail, oophorectomy has thoroughly stood the test of experience, but is not often possible in tumors larger than a three months pregnancy. Electricity has fallen very much into disfavor. No one now expects it to do more than relieve symptoms; never to dispel the tumor. But in interstitial fibroid, the galvanic current (positive or styptic pole used in the uterus) may, temporarily at least, stop the hemorrhage. Removal of the tumor (either by enucleation in suitable cases, or by excision of the uterus in whole or in part), is again regaining favor in many directions, but is only to be undertaken where hemorrhage or pressure threatens life.

Before leaving this subject, I would say two things: 1st, that as the majority of fibroids give rise to no trouble whatever, if the physician discover one by chance, he should not inform the patient of its presence, as it will only make her uneasy to no purpose, and, 2d, that any one with a fibroid may be at any time attacked by a severe hemorrhage, and that such a hemorrhage is to be treated by a uterine or vaginal tampon of iodoform gauze, followed by the curette when it is checked. This will temporarily stop it, and give time for other therapeutic measures.

INVERSION OF THE UTERUS.

The uterus may, usually following parturition, or as the result of an effort at expulsion of a peduncalated fibroid, be inverte

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or wholly or in part turned outside in. Again hemorrhage is a symptom, and vaginal examination reveals something very like a peduncalated fibroid in process of birth, but the hand on the abdomen will detect the absence of the inverted fundus. Such a condition, of course, must be treated appropriately. Recent cases are fairly easy to replace, older cases may present great difficulties.

SARCOMA AND CARCINOMA.

No disease comes on more insidiously, none will more readily escape detection, than cancer of the uterus, and in none is early diagnosis of more vital importance. It is here unnecessary to differentiate between sarcoma and carcinoma. Pain, a symptom often associated with cancer elsewhere, is here often absent till late, and a profuse watery discharge, accompanied by a little bleeding, is usually the first symptom noticed. Here the most important thing that I can say, is that no irregular hemorrhage should be attributed to the change of life, without the most careful examination. If a woman have ceased menstruating, and her periods return again, one should at once be suspicious of cancer, and if there be any doubt, scrapings from fundus or cervix should be examined microscopically, and the diagnosis thus made certain. Carcinoma, though most frequent in later life, is confined to no age—is found in extreme youth, and in the old. If in a supposed endometritis bleeding recur after repeated curettings, sarcoma of the body should at once be suspected, and the scrapings exanined,—indeed, it would be a good rule to examine microscopically the scrapings every time one curettes.

Mrs. K., aged 58; has had thirteen children—no miscarriages —last child eleven years ago. Ceased menstruating six years ago; had never seen anything till three months before consultation. One week before that she fell down stairs and a fortnight later noted a yellowish watery discharge, soon followed by blood. Since her fall she has had constant pain night and day in back and radiating round to the front of the abdomen on both sides. Pain of a griping, gnawing character, sometimes like labor pains, uterus very slightly enlarged, freely movable, os appeared only catarrhal. Scraping from cavity showed a very vascular rapidly growing columnar carcinoma. I removed the uterus per vaginam, clamping the broad ligament with pressure forceps, her narrow senile vagina making ligature impossible. Clamps removed in twenty-four hours. No hemorrhage. Patient made

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an excellent recovery and had good health and freedom from pain for six months, but then the disease returned in the vaginal roof and she died soon after.

Was the operation a failure? I feel sure it added six months of apparent health to her life span, and so far as we could judge there was a chance of a complete cure. I certainly consider the operation a justifiable one.

With reference to the treatment of cancers, in epithelioma of the cervix where the whole disease can be removed by supra-vaginal amputation of the cervix, that operation is to be preferred to hysterectomy, as the results are exceedingly good and the risks very small., Where the disease has gone farther than can be reached by this method, but has not spread to broad ligaments, vaginal walls or bladder, vaginal hysterectomy by ligature, or clamp, if the ligature be impossible, is the proper treatment. The results are as good as for cancer of the mamma, most cases having at least a period of comparative health.

Where the complete removal of the disease is impossible, hemorrhage and the fœtor of the discharge may be kept in check by the curette or thermocautery and iodoform tampons.

For Texas Medical Journal.

SOME OBSERVATIONS ON PUERPERAL ECLAMPSIA.

BY SAM'L CUNNINGHAM, M. D., ELGIN.

Read at the Austin District Medical Society, June 22, 1893.

IT WOULD seem like an unwarranted presumption, nor shall I attempt before this intelligent body to advance anything especially new upon this subject which has been so elaborately discussed by the numerous masters of the obstetric art. It is rather for the purpose of eliciting your discussions, thus availing myself of your views and experience that I have ventured to introduce this subject to your notice. Without further apologies I shall assume that there is no branch of obstetrics in which a thorough knowledge of what to do is more essential. Most certainly it is a condition accompanied by the most grave symptoms, and constitutes one of the most serious diseases with which the physician has to cope. Statistics have proven the disease of not very frequent occurrence, yet how often it seems the case

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when attending the parturient woman the gaze of the physician is horrified to witness these tonic convulsive epileptic-like seizures that so suddenly take hold of his patient, in the midst of which grave excitement many physicians almost lose their wits, realizing then that at most times assistance can not be procured, thus compelling the attendant to depend upon his own knowledge and resources. This fact so well recognized as true, should be sufficiently important to stimulate the doctor to get as thorough acquaintance with the subject as possible, together with all the means now adopted in the practice of midwifery and obstetrical surgery.

In the majority of these eclampsiæ there are premonitory symptoms which announce to the wide awake attendant the threatening convulsion. Prominent among these symptoms which should serve to remind the attendant of danger, are these: The woman complains of headache, dizziness; she shows loss of memory, becomes gloomy and despondent, often assumes a peaceful and quiet slumber, a condition described by Prof. Lusk, in his text book on midwifery, as "a deceitful truce," or a "state in which the woman ceases to complain." After this state of calmness, which usually lasts from one to five minutes, she suddenly opens her eyes which appear to be fixed upon some object. Next her face is adorned with a silly smiling aspect, the pupils can be seen rapidly dilating. These are a few of the symptoms which my experience, though comparatively limited, have invariably verified as being precedents of the first convulsions.

Upon reviewing the history of eclampsia and the views of prominent observers since earliest obstetrical records, it is clearly to be seen that the disease is not dependent upon one and the same cause; hence, the necessity of cautiously adopting such treatment as is peculiarly and most intelligently indicated in the management of each particular case and its symptoms.

Since albuminuria has been so largely discussed and has proven so important a factor in accounting for the occurrence of these eclampsiæ, and since the œdema and anasarca in the majority of cases present such bold intimations of the possible advent of this disease, it should be the duty of every practitioner, in order to defend against this formidable disease, the pregnant women committed to his charge, to exercise diligence, and carefully watch after her, by frequent examinations of the urine.

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The presence of albumin, especially if to any great extent, demands the strictest prophylactic measures, and every precaution should be taken to lessen this abnormality by employing such treatment as will induce the skin and bowel to aid the kidneys, the woman being supported by tonics, and strict dietetic measures should be enjoined upon her.

The frequency of eclampsia is estimated by Prof. Lusk to be about one in every five hundred pregnancies. My own experience, however, is to have seen the disease more often than is indicated in this report, as in my individual practice I have officiated as accoucheur, up to the present time, in one thousand and seventy-two cases of labor at full term, and have met with six cases of eclampsia. Besides this, I have seen two other cases in consultation, which makes an experience of eight cases that have come under my immediate observation.

With these imperfect preliminary remarks, especially since I did not start out to enlighten you by presenting to you a beautiful etiology of this disease, I shall now proceed to describe the eight cases to which allusion has been made.

They were all primiparæ. The presentations were all vertex. The sex of the child, in every instance, was male. Six of these cases were of the ante-partum and two of the post-partum variety. Of these eight cases, it affords me no small degree of pleasure to report seven recoveries, several of whom still survive, and within the bounds of my territory, continue to propagate their species; and I am honored with a call to officiate every eighteen months or so. The first case (and, too, the one who died), of whom I shall speak, was Mrs. J. T. L., age 20, rather stout, was taken in labor on the 13th day of November, 1884. I was called in great haste on the 15th, two days later than beginning of labor. The messenger apprised me of the fact that she was having convulsions, and that the child was yet unborn, and of the attendant's desire that I should come prepared for the most extreme emergency. The distance was about eight miles, and over a rough road. Upon arrival I found her in the most violent convulsions. The attendant, Dr. Bragg, who lives in that community, estimated the number of attacks to have been about forty prior to delivery, which we accomplished by the use of the forceps, after placing her under the influence of chloroform. In this instance there was complete uterine inertia, the os only partially dilated, though not rigid. The point of greatest difficulty was the high position of the head, it being

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about the superior strait. These were serious hindrances which greatly complicated the condition, and made it exceedingly difficult to apply the forceps, also required greater traction to effect delivery than would have been otherwise required, had circumstances been more favorable. The child had evidently been dead for some days, as it was almost black, and the cuticle became denuded from the shoulders and hips, on delivery. She lived three days after delivery, and continued to have an occasional convulsion up to her death, in spite of the effect of chloral, and bro. pot., and digitalis, which were administered in full doses. After delivery, the entire uterine cavity was thoroughly irrigated by hot antisepsic fluid, but she died with marked symptoms of septicæmia and meningitis.

Case No. 2, to which I will introduce you, is Mrs. S. H. M., whose age was 28, quite a stout, fleshy and beautiful woman. She began labor on the 5th day of August, 1887, and after an exhaustive, tedious struggle of 24 hours, gave birth to a well-developed boy of 9 pounds on August 6th, at 5 p. m. Immediately on birth of the child, before delivery of the placenta, she was seized in a most violent convulsion. In the midst of the great excitement chloroform was given, and as the convulsion was abating, a good dose of morphine and atropia was given hypodermically. Placenta was easily expressed. Watching her closely for the next twenty-four hours, as she would become restless, and pulse inclined to beat too fast, I, for the first time in my experience, employed the much lauded veratrum, giving it only when the circulation was accelerated, in ten-drop doses, hypodermatically, and at such intervals as her symptoms would indicate.

In honor to those whose experiences are so favorable as to have so much eulogized this drug, I feel inclined to express myself indebted for the happy influence it undoubtedly wielded upon this patient. She had no return of the convulsions, and made as quick recovery as any other case that I have ever seen.

Case No. 3, Mrs. B. P., age 16, rather a delicate girl; gestation having gone hard with her; very anasarcous, and pale. On the 26th day of March, at 9 o'clock p. m., she was on the first warning of labor, seized with a most violent convulsion. Living only a few blocks from her, and not having gone to bed, I was soon in attendance. When I got to her bedside the attack had about subsided, but she could not be aroused. A second convulsion was soon on her, while I was preparing my hypo-

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dermic syringe for use. I at once injected the dose, and gave chloroform. Digital examination revealed an undilated, rigid os and vagina. The nervous and circulatory system were maintained in a state of quietude, as symptoms indicated, by a hypodermic of morphine, ergot and veratrum. The bowels being constipated, she was given a large dose of castor oil, turpentine and calomel, which acted well. She soon regained her consciousness, and with only the above described treatment her labor assumed a normal course, and at 11 o'clock p. m. of March 29th, by the natural forces, she gave birth to a well-developed boy which lived and did well. Her labor lasted three days.

Case No. 4, Mrs. R. L. B., age 19. She gave the history of having been very stout before marriage, when she began to have great trouble with her menstrual periods, making her sick enough to go to bed for several days, and lost much flesh. After becoming pregnant, her health did not improve much, as morning sickness was a serious complication of her condition, and gestation had gone hard with her all along. Was first called to her on the morning of the 15th day of September, 1890. Digital examination revealed an undilated and rigid cervix, all symptoms pointing to a tedious and hard time. I left her, instructing her husband to send back for me when the pains began to increase. Was called back to her that night, having to get up from bed and go a distance of three miles to her. Digital examination, at this time, revealed but little change. A good hypodermic of morphine afforded her some ease from the spurious pains, and she slept some. Shortly the pains seem to have begun in good earnest, and the os began to dilate. I felt hopeful of seeing a favorable termination of the labor in a few hours, and I could be released, but to my sorrow, after a few hours' anxious waiting, she suddenly exclaimed, "What's the matter with me? I can't see; light a lamp; I'm blind; I'm going to die."

Recognizing these and other symptoms, as grave concomitants of an impending convulsion, I proceeded to administer chloroform, and as quietly and rapidly as possible applied the forceps and was successful in accomplishing delivery in but a short time. After a few minutes delay the placenta was carefully and easily expressed, and when I began to indulge in the pride of having in this instance protected my patient from the ordeal I had so much dreaded, she was seized in a hard convulsion. Chloroform was immediately resumed, and as the attack was subsiding, a hypodermic of morphia and atropia was given. A few ten drop doses

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of n. t. veratrun combined with twenty drops f. e. ergot, and an eighth gr. morph. was given at intervals as indicated to promote quietude of nervous and circulating system. Oil and turpentine given as a usual custom. She had but the one convulsion mentioned, and without having any fever went on to a rapid and good recovery. The child is still living, and a stout boy.

Case No. 5, Mrs. C. T. O., age 34. Her physical conformation was tall and slender, married at the age of 33 years. Had spent ten years prior to marriage, in teaching school, and was of an exceedingly high nervous temperament. She began labor on the morning of the 15th day of November, 1890. Was called to see her same day at 9 p. m. Found her progressing nicely in the first stage of labor; the conditions then appearing favorable for an early and safe termination. Having noticed some anxiety on the part of her husband, an Irishman, I at once apprised him of my understanding of his wife's condition, which explanation occasioned him much vexation and displeasure, and he retorted by saying: "Doctor, you are mistaken. It is not time for my wife to be sick, for we have only been married nine months to-day." I explained to him as best I could the laws regulating gestation, but to avail nothing, as he as well as she was inexorable in the belief that I should institute some treatment that would arrest the labor, "at least for a few days." The unpleasantness of the surroundings became so intense that I could not resist tendering my resignation, and as nicely as I could insisted that they call some one else who might possibly serve them better than I was capable of doing. But they were complimentary enough to express their preference for my remaining, "if it did have to come."

But back to the case, and apoligizing for having trespassed upon your patience in such a discussion of the subject. After the lapse of a few hours, she was in the hardest labor pains. Grave symptoms began to present; to be brief, she was failing; physical exhaustion was a prominent feature. I told her husband what I feared would be the result of further delaying the use of the forceps, but his prejudice for such procedure was so great that I was denied the exercise of my conservatism until she was in convulsions, which occurred at 5 o'clock a. m., being the 16th day of November, 1890. Chloroform anesthesia first obtained, she was carefully delivered by first using the forceps, of a large, well developed boy, which is still growing finely. She had no return of convulsions, sustaining no laceration, had no fever, and with no other treatment than a dose of morph. and artopia subcutaneous-

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ly injected after delivery, a dose of castor oil and turpentine, and a few doses of quinine made an early and good recovery. Of the remaining three cases I have notes, but upon reviewing them in preparing this paper, find such a general similarity of features in them all to each other, I will not burden your patience by detailing them singly, but will only speak of them in a general way.

In each instance the convulsions were prior to the delivery. No return of convulsions after delivery in any of them. Chloroform anesthesia, careful adjustment of forceps, slowly and cautiously bringing the head of the child well down on the perineum, at which time the instruments were removed, the labor conducted with my hand. Towels wrung from hot water were kept constantly applied to the perinæum which favored relaxation, till expulsion of the head, were about the treatment in these trying ordeals, all of which terminated safely to mothers and babies. In all these eight cases herein so imperfectly described, excepting the first case, I have made analysis of the urine, my observations being to find in all cases examined the presence of albumen in considerable quantity. Which fact impresses me, and leads me to better appreciate the researches of those who have in statistics so frequently shown the association of albuminuria with "puerperal eclampsia." Since in these eclampsiæ there is such abundant reason for supposing the presence of renal insufficiency I endeavor to restore the kidneys to their normal functions, as well as the introduction of such agents best calculated to lower arterial tension, thereby diminishing the great excitement of the vaso-motor centers are among the first most prominent indications of treatment. Venesection has many advocates in bringing about the better state of affairs at this particular time. While I have never had any experience in bleeding, am free to confess a profound regard for those who have so intelligently based their opinions, especially in some forms of the disease. Since these convulsions have a tendency to continue as long as the labor lasts, and since the frequency of their occurrence so greatly enhances the danger to the woman, every obsterical resource consistent with safety, in my humble opinion is speedily demanded of the attendant to hasten the delivery.

As a rule, I regard a hypodermic of morph. and atropia after delivery indespensable, especially where the conditions are so serious as to have demanded the use of the forceps. Then the nervous system, if you please, should be kept in a state of quietude

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as long as symptoms indicate a necessity, by giving chloral and bromide of potassium.

Norwood's tinct. of veratrum viridi should be cautiously given hypodermically when the pulse rate is greatly accelerated.

DISCUSSION OF DR. CUNNINGHAM'S PAPER, BY DR. G. W. CHRISTIAN, OF BURNET.

Dr. Paine has so thoroughly covered the subject, that but little remains to be said. I wish to commend the paper, and to endorse what Dr. Paine has said, most especially as to the choice of cathartics. We not only want the bowels open, but we want to supplement kidney action, for the relief of the hydræmic condition which is a part of the pathology of those cases. And as to the production of premature labor, I can't comprehend any opposition to such practice, from a well informed and sensible physician, when he is met by a failure after a careful and intelligent employment of the course suggested by Dr. Paine. I like the doctor's suggestion, as to the use of hot air, the skin is our most valuable auxiliary in these cases, and we all appreciate the value of heat as a stimulant to its action. I have been in the habit of using in such cases, a sheet wet in hot water, with hot rocks, etc., but we appreciate the superior merits of hot air, and the ingenious method of Dr. Paine is easy of application, and generally accessible, even to the back-woods practitioner. While we would differ with Dr. Cunningham in some respects, in the treatment of his cases, the doctor's success has been remarkably good, and demonstrates the fact of intelligent management. Dr. Paine, in speaking of the treatment of albuminuria, extols iron, but I think the doctor would use his iron to lessen the albuminuria previous to the convulsive attack. When the seizure has come, doctor, you would not give iron, would you? Paine answers "no." But direct your efforts towards stimulating the bowels and skin. Paine, "yes." I have in mind a case, that illustrates the importance of physicians not only being familiar with the remedies for a condition, but being able to discriminate as to the time, for the application of such remedies. Not long since, I saw in a neighboring city, a beautiful and accomplished young wife, of a proud and noble husband, who after years of loving courtship were happy in the contemplation of the fruits of their union, with all hopes suddenly blasted by the dread dis-

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ease under discussion, the mother after a few hours of apparent normal labor, went off into a deep uremic coma, from which she never aroused. A few hours later her attendants delivered her of a fine living child, but practically nothing had been done that could have had much influence in relieving the mother of the condition which had prostrated her. She was, and had been dosed with calomel and iron, with some other drugs which I do not now remember, all of which were good in their place, but too inert and slow in action, to meet the demands of a storm like this; eight or ten hours of valuable time had been frittered away and no action of bowels or skin had been secured. A few hours more closed the struggle, a motherless babe, a heart broken husband. None can say that she could have been saved, but you all will unite with me in saying, "what a pity she did not have the benefit of a quick and active purge and a good snbstantial sweat." Thanking you, gentlemen, for your patient hearing, I leave the subject, hoping to hear from others.

[The paper was discussed also by Prof. J. F. Y. Paine, M. D., Galveston; Dr. C. O. Weller, Austin, and other members, and we were promised a synopsis of their remarks, but to date Dr. Christain's is the only report we have received.—ED.]

For Texas Medical Journal.

"THE CODE OF ETHICS."

BY M. DE CAUSEY, M. D., SEALY.

Read at the meeting of the Austin County Medical Association, at Bellville, Sept. 19, 1893.

THE HYPPOCRATIC OATH was a masterpiece of ethics in its day and time, and was admirably suited to its atmosphere of primitive honesty and sterling honor. But like the *favored* of past ages, it exists now only in fossil remains, as it is no longer adapted to the surroundings of the nineteenth century, and its degenerate successor, "The Code of Ethics," is amenable to the inexorable law of the survival of the fittest, and the conditions for its existence, in its present state, are no longer favorable, and it, too, must soon succumb to the buffetings of time, unless it is fostered with greater care than it now receives.

It is a truth which none of you will question, that laymen of

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all classes have more intelligent ideas of almost anything else than they have of medicine, and many of them, regarding the physician, as at best, but a necessary evil, are somewhat invidious and disposed to distrust his noblest motives and aspirations, as in some way having a sinister bearing on themselves.

The traitorous apostates from "The Code of Ethics" have assiduously instilled into the receptive minds of these people the idea that "The Code of Ethics," so far from being their only charter of safety against the machinations of charlatanism, is the quintessence of charlatanry itself. A professional rhodomontade having for its real object the attainment, by the "regulars," of the exclusive privilege of extorting unreasonable and unmerited fees from their unlucky and helpless patrons.

The physician, standing on the principles of ethics, is too honest, too modest, to meet the expectations of an exacting, unreasonable and over-credulous public. The oracular, the mysterious, the miraculous, the impossible, are now, as they have ever been, the enchanters of the human mind, and charlatans have not been backward in taking advantage of this fact in the furtherance of their own sordid purposes, by blatant professions of their own wonderful achievement, and by disparaging and slandering the knowledge and methods of regular physicians in a manner that would outrage common sense, if common sense were exercised; but the arrogant scurrility and mendacity of those men seem to strike consonant chords in popular favor, for they reap a golden harvest, whilst the conscientious practitioner rarely attains to a financial mediocrity.

Turn your eyes as you will, and you will see a flaming advertisement of the wonderful virtues of some nostrum, and whether it were discovered by a native, a Hottentot, a Kickapoo Indian, or a clergyman, some so-called "doctor" is advertising it now, and some of these "doctors" have really had all the advantages of a good medical education, but have thrown off the restraints of the code, and become impostors. But instead of being frowned down by an enlightened public, they are received with open arms and encouraged with sympathy, patronage and money, as though they had escaped from the prison of a common enemy, which they teach their admiring friends "The Code of Ethics" really is, in a moral and intellectual point of view.

If these impostors on the credulity of their race, derived their supporters from the more ignorant classes, it would not be so surprising, but these only follow the example of those whom they

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consider wise; and men, otherwise respectable and intelligent, subscribe and allow their portraits to be affixed to certificates of remarkable, and even impossible cures, which were effected by this or that nostrum, after all the doctors had failed; and even clergymen, on whom we naturally look as examplars, not uncommonly, so far betray an ignorant want of that morality which deals only in known truth, as to subscribe to these certificates, and these gentlemen sometimes even vend such nostrums in their sacerdotal perigrinations, thus associating religion with charlatanism, so that we have now, in fact, and will soon, perhaps, have in name, "Smith's Baptist Bitters," and "Jones' Methodist Elixir."

Neither national nor state legislators have ever shown any favors to the codists, as is exemplified in the Patent Office, where perjurers, who have never invented anything but falsehoods, can patent the ideas and prescriptions of better men, and by the insufficiency of the laws which the various legislatures have passed.

But on the contrary, some of these law givers have even trodden the code and its adherents, contemptuously and contemptibly under foot, by endowing Keeley institutes; and as these legislators live, politically, on personal popularity, they act in accordance with their views of popular sentiment. So it follows that the people, as a mass, are more friendly to the irregular practice of medicine than they are to regular practice, according to "The Code of Ethics."

The average newspaper,—that boasted educator of our race,—is almost sustained by the advertisements of irregulars, and is therefore engaged in educating the public mind in the interests of charlatanism. A leading paper of this State, for a long time, offered an irregular Domestic Practice of Medicine as a premium to its subscribers, which was, of course, an endorsement by the paper of such a work and of the depraved conditions which give existence to such a work. And entirely too many medical journals are devoted to leaders and contributions in which the subject matter is only the gossamer robe of an advertisement of the impossible achievements of some proprietary medicine.

It is without the scope of this paper to discuss the shortcomings and misdoings of regular doctors themselves, although some who profess to follow the code, follow it at too great a distance, for some bad men will get into the best institutions, and some will get bad after getting into them; but in this respect we have

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the questionable consolation that doctors are perhaps no worse than other professional men.

Volumes could be filled with the sickening details of the many nefarious tricks and schemes of hydra-headed charletanisms to degrade the medical doctor and defraud him of his just patronage and dues, and the same volumes could show that these tricks and schemes are only too often successful in their objects, because the people are easily and willingly deluded by them.

It is clear then that regular physicians can look to no one but themselves to remedy the evils which so thickly beset them, and to restore the profession to its pristine dignity and prestige, and it is almost equally clear that only unremitted and vigorous enforcement of the principles of the code of ethics would have prevented the semi-disrepute into which the medical profession has fallen, for unfortunately the real worth of the profession is estimated by the many, by the worthlessness of its enemies in the guise of doctors, as the people seem to be unable to discriminate between the true and the false.

The remedy then lies in the removal of the ethical code from the cold atmosphere of passive acquiescence in which it now lies dormant, into the more genial warmth of enthusiasm, where it would assume the aggressive, and where it would become more active in the defense of its friends and the destruction of its enemies.

Concert of action is indispensible to success in this matter, and traitors to the cause must be carefully and vigorously eliminated. But if every physician and every candidate for graduation in medicine were organized into a society in which the subscribing to the Hyppocratic oath before a notary public was made a prerequisite to membership, the profession would soon command and not solicit that respect which it so justly merits. For an expulsion—for cause—from such a society would be tantamount to a conviction of perjury before the law, and no man could materially harm the fraternity under such conditions.

Such views may be too visionary for a realistic age like this, but if some way is not found to enforce the principles embodied in the Hyppocratic oath in matters pertaining to medicine as an art and science, the more honest and worthy practitioners will remain shut up in the "Code of Ethics," like the defenders of a besieged castle whose walls may be impregnable, but cannot prevent starvation.

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For Texas Medical Journal.

VARICOCELE AND ITS RADICAL CURE.

BY SAMUEL E. MILLIKEN, M. D.,
Lecturer on Surgery at the New York Polyclinic.

[Read at Austin District Medical Society, December 21, 1893.]

IN CHOOSING a subject to present to your Society, I believe that none can be found, within the domain of my own work, of more interest than the radical cure of varicocele. While it is a condition which has never, to my knowledge, caused death, all who have seen the reflex phenomena occasioned by the presence of varicocele, in its various stages, must admit that means of relief should be instituted, and if palliative measures fail, operation should be performed. Since the writer has little confidence in the former where the varicose condition of the veins has progressed with the consequent atrophy of the testis, this paper will be devoted to its radical cure.

With strict asepsis, the operation is not only safe, but relief can be assured the patient in every instance.

OPERATION.

After having shaven the pubis, scrotum and perineum, the genitals are thoroughly cleansed with soap and water, then with ether, and lastly with bichloride of mercury (1-3000). Under ether anæsthesia, an incision one and a half or two inches long is made along the cord structures, exposing them after the skin is cut, treat by dividing the respective layers on a grooved director, so as not to cut a vein. By taking that precaution, the whole mass of vessels can be brought well into view, and all that remains is to isolate the vas deferens and its immediate blood vessels and nerve supply, while the varicose mass of veins are separated for a distance of one or two inches, tied at each extremity with strong catgut, and the intervening segment excised. The respective ligatures are tied together so as to approximate the freshly cut ends, and thus relieve the vas and its accompanying structures of the weight of the testis. The wound is closed with catgut, and no drain is used.

Excision of the lower end of the scrotum is unnecessary, for when once the diseased vessels have been removed, the scrotum will soon be found retracted to its normal length.

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Subcutaneous ligation of the veins, while yet practiced by a few, is rapidly falling into disuse, as are many such procedures of ten years ago. It is needless to say that such blind surgery is risky, but however skillfully performed, the large inflammatory mass remains for months. The safety of the cord cannot be assured, unless it be constantly in view of the operator.

CASES.

Case 1. Edward R., 22 years of age, expressman, left varicocele of five (5) years standing, operated upon June 30, 1890. Excision of veins and silk ligatures used. Small drain inserted.

July 2. Drain removed and wound dressed.

July 5. Small sinus remains at site of drain. Patient left the bed wearing suspensory bandage.

July 18. Wound healed.

July 31. Discharge began from former sinus, but very slight.

August 29. Entirely healed, only small enlargement of testis remains.

Case 2. John B., 33 years of age, machinist, left varicocele of years duration. Operated upon July 16, 1890. Silk ligatures again employed, also small rubber drain inserted. Catgut for skin wound.

July 17. Drain removed.

July 20. Allowed to get out of bed; union except at point of drain.

September 1. Sinus healed.

In the above two cases it can clearly be seen that the sinuses were the result of drainage tubes and silk for ligating the veins.

Case 3. John B., Jr., 18 years old. Life insurance clerk. Varicocele of three years standing.

Dec. 28, 1891. Operation—catgut employed throughout; small piece of gauze for drain. Drain removed on the second day.

January 14, 1892. All dressings left off. Suspensory bandage to be worn.

August 1, 1892. Each side found symmetrical.

Case 4. Herman H., 22 years. Same operation as case 3, on February 9, 1891. Discharged from hospital at the end of two weeks.

In five other cases operated upon since, where catgut was employed throughout, and without drainage tube, all the wounds united by first intention, and no sinuses followed.

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One out of ten cases, a physician, infected the wound, which caused it three weeks delay in healing, as it had to unite by granulation.

CONCLUSIONS.

1st. Complete excision of the diseased veins is preferable to subcutaneous ligation.

2nd. Absorbable sutures and ligatures should only be employed.

3rd. Strict asepsis, and no drain will be found necessary.

4th. The patient can with safety leave the bed in one week.

Current Medical Literature.

DEPARTMENT OF GYNECOLOGY.

EDITED BY WM. KEILLER, F. R. C. S., ED.,
Professor of Anatomy University of Texas; late Physician for Diseases of Women, Edinburgh Providence Dispensary.

HYSTERECTOMY — INDICATIONS AND TECHNIQUE. —(*J. M. Baldy, Am. Jour. Obstet. and Dis. of Women*, November, 1893.)

INDICATIONS. 1. *Malignant Disease.*—Indications absolute, complete removal only advisable operation, and justifiable if only one per cent. are cured. The earlier it is removed the better the result. Author has had three deaths in twenty-five operations, all of them preventable, and occurring in his earlier operations.

2. *Fibroid Growths.*—If tumor is small, slow growing, and giving no serious trouble, or if patient be not subject to conditions rendering inflammation probable, or be near the menopause, excision is unnecessary; but in all other cases operative treatment is indicated, and hysterectomy is the proper procedure. Myomectomy is to be preferred where it would be possible, and is desirable, that the patient should bear children. Ooporectomy he disapproves of, as often unsuccessful, often very difficult or impossible, and leaving behind a useless and diseased uterus.

3. *Pelvic Inflammations.*—The removal of diseased appendages is often unsuccessful, as regards cure of the patient, the uterus being still diseased, and the symptoms unrelieved. In all cases where the uterine walls are infiltrated with pus and the

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organ materially enlarged, hysterectomy is to be preferred to removal of the appendages.

4. *Prolapsus Uteri.*—Where other means have failed, where the prolapse is complete and of long standing, and the patient is at or near the menopause, the operation is applicable. It is particularly indicated where the uterus is much enlarged and the discharges and hemorrhages profuse. Such uteri are often cancerous.

5. *Inversio Uteri.*—In old chronic cases where taxis and elastic pressure have failed.

Methods.—In prolapse, inversion, malignant disease with small uterus, and small fibroids vaginal extirpation.

For fibroid tumors, large malignant uteri, and all inflammatory uteri, the abdominal operation is preferable. He prefers strong catgut ligature to clamps, and drops the stump back into the pelvis in preference to treating it extraperitoneally.

Except in malignant growths, supravaginal amputation of the uterus does all that can be done by total extirpation, and is less difficult, less tedious, less liable to sepsis, and has a smaller death rate.

The operation is always difficult, and should never be undertaken by an incompetent operator.

(The technique of each operation is very lucidly and very simply explained, and well illustrated; but cannot be condensed sufficiently.)

Dr. Edebohls, in the same journal, describes very clearly and shortly a bloodless method of removing the fibromatous uterus. He curettes the cavity, and packs it and the vagina with sublimate gauze, before opening the abdomen. His paper is to be commended to those interested in the operation, but could not be intelligibly condensed.

Vaginal Hysterectomy.—(*E. E. Montgomery, M. D., Philadelphia, Ibid.*)

Dr. Montgomery condemns supravaginal amputation of the cervix for malignant disease of the uterus, and advocates total extirpation in all cases.

Indications.— Hysterectomy should be undertaken wherever the whole of the disease can be removed. This is not always easy to determine, but where there is a doubt, operate. Hemorrhagic fibroids, diseased appendages, and marked prolapse, may

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also call for removal of the uterus. The tendency of patients to ascribe irregular hemorrhages to the approaching menopause, and of physicians to prescribe ergot for hemorrhage without proper examination, is to be blamed for the fact that so many cases are beyond the possibility of relief before they apply for special advice. Malignant disease is found in young, as well as in old women.

Symptoms.—A thin, watery, odorous discharge, or irregular hemorrhage, is usually the first symptom, Pain may be absent, or appear late. The cervix is most often attacked; if it reveal nothing, the body should be explored, and a piece removed for microscopic examination.

Dr. Montgomery uses the Greig-Smith clamps, prefering them for:

1 Ease of application and economy of time.
2. Greater security against hemorrhage.
3. No chance of infection by ligature.
4. The thorough drainage secured by the clamps combined with a packing of gauze between them.

Remove clamps in twenty-four hours.

The technique is well described.

Results.—Twenty-one operations; one death, on fourteenth day, from tetanus.

Sixteen cases in which cancer was demonstrated by microscope. Nine in good health, of whom one was operated on five years ago, one nearly four years ago, one over three years, and the rest from four months to two years since. Seven have died since operation, the cancer manifesting itself again, usually within two months, and death taking place in from three to twelve months.

Five operations for bleeding fibroids; one death since, from cancer of mamma; rest in good health.

THE EXTRAPERITONEAL TREATMENT OF THE STUMP IN SUPRAVAGINAL HYSTERECTOMY.—(*Jos. Price, M. D., Am. Jour. Obstet. and Dis. of Women*, November, 1893.)

Dr. Price strongly advocates the serre-neud and extraperitoneal treatment of the stump as having stood the test of long experience; while he states that those who condemn it, have no experience of the method itself, and only a limited experience of the intraperitoneal method.

In 111 cases of hysterectomy, for all kinds of diseases, he has

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never failed to apply the wire, and he states that it is applicable in all cases. Suppuration and fetor do not follow its use; it is a process of continual constriction and desiccation, without odor or oozing. No danger of trapping the bowel follows.

It is seldom possible to tie all the vessels in the intraperitoneal method, and hence oozing and the necessity for a drainage tube; with the serre-neud there is no oozing, and no drainage tube is needed.

The stump is frequently so inflamed, swollen, and œdematous, that it shrinks very much in the first few hours after operation. This is readily met by frequent tightening of the serre-neud, but cannot be met where the pedicle is treated intraperitoneally. It is in this particular that the uterine differs from the ovarian stump.

No ligatures or sutures are required where the neud is used; in the intraperitoneal method many ligatures and sutures are necessary, and each one of these is a posible source of danger.

One of the first elements of success in abdominal surgery is rapid operating—the extraperitoneal method is rapid, simple and safe; the intraperitoneal method slow, and complicated.

In the intraperitoneal method there is always a risk of septic peritonitis through the cervical canal—with the serre-neud this does not exist.

If for any reason the neud cannot be applied, the uterus should be completely extirpated, but this is a graver operation than the extraperitoneal treatment of a cervical stump.

PAN-AMERICAN MEDICAL CONGRESS. SECTION ON OBSTETRICS.

Maternity Hospitals and Their Results.—Dr. Jos. Price attributed the excellent statistics at modern maternities to the efficiency of the staff—cleanliness—absence of over crowding—and absence of tendency to hasten delivery. Mortality from sepsis has been reduced from 20% to almost nothing, and this was due to noninterference in normal labor, prompt aid when required, and strict cleanliness and hygiene.

Axis-Traction Forceps.—Dr. Hoffman showed a modification of Tarnier's instrument where the rods were attached to the blades by tapes. The movements of flexion and rotation of the fœtal head were not interfered with. The perinæum protected by its use.

Dr. Garigues commenting on Dr. Hoffman's paper approved of the principle of the tapes. He used the Simpson-Tarnier

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model. Did not think they saved the perinæum, but with them a mere tyro could do what it required a skilled obstetrician to do with the older instruments.

The power required was a mere fraction of that necessary formerly. He emphasized the importance of antiseptics in midwifery. No one should examine a woman without an antiseptic finger.

Dr. Jos. Price indorsed the axis-traction forceps. The use of other instruments was ofter equivalent to criminal assault.

The Simpson axis-traction forceps was a life-saving instrument. Many children could be delivered alive thus that with the older instruments would be still-born. He emphasized the importance of the antepartum vaginal douche as a means of guarding against ophthalmia neonatorum.

Unqualified Midwifery.—The section on obstetrics of the Pan-American Medical Congress passed a resolution protesting against the irregular practice of obstetrics by midwives, and recommending that, in view of the great danger to the community incident thereto, the board of health or licensing boards of various States refuse to grant licenses to applicants to practice midwifery who have not received technical instruction and preliminary training for at least one year in competent schools, and passed an examination in obstetrics equal to that required of applicants for the degree of medicine.

DEPARTMENT OF THERAPEUTICS.

EDITED BY DAVID CERNA, M. D., PH. D.,
Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc.

THIOFORM.—In the Berlin correspondence (*Medical Press and Circular*, November 1, 1893), reference is made to this recent remedy. *Thioform*, the bismuth salt of dithrosalicylic acid, is almost insoluble in water, and is suitable for surgical dressings, like iodoform, to which, however, it is said to be superior. It has none of the disadvantages of iodoform or its surrogates, bismuth, salicylic acid, boric acid, and the like. It has sufficient disinfecting power to permit wounds to heal under it antiseptically. It is almost non-irritant, it can be blown into the conjunctival sac, and possesses drying properties. It has no smell,

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is a deodorant, and relieves pain, so that Prof. Hoffman, who has investigated it, can thoroughly recommend it.

CREOSOTE IN LATENT TUBERCULOSIS.—Blanchard, of Geneva (*Medical Press and Circular*, November 8, 1893), has published seventeen cases of latent phthisis treated by creosote, in which he not only obtained the improvement so often witnessed in confirmed cases, but a complete and rapid cure. The drug was always administered *per rectum*. Each enema contained five drops of creosote suspended in olive oil, the yolk of an egg, and a half-pint of warm water, and increased gradually to forty drops daily. The patients took no other medicine. The conclusions of the author are as follows: Pulmonary phthisis can be cured at its *début*. The action of the creosote is very effective in the latent form of the malady, and can be relied upon as a curative agent. No inconvenience can occur from its use, even if the diagnosis were not correct.

QUININE AS AN OXYTOCIC.—Writing upon the above subject, C. W. Canan, of Virginia (*American Medico-Surgical Bulletin*, December, 1893), expresses explicit belief in the power of quinine as an oxytocic. He has employed the medicament in forty-three cases of natural labor, in thirty-seven of which it produced uterine contraction, increased their power, regulated pains, and aided in hastening a prolonged case of labor. The author formulates the following conclusions: 1. Quinine does not exert its influence directly upon the uterus, but does act indirectly. When inertia is due to depression of the vital forces, quinine, in small doses, becomes a valuable stimulant. 2. When given to promote uterine contraction, it does not produce unnatural and persistent pains that are so often produced by ergot, which endanger both the life of the mother and the child. 3. The same effect can be obtained by administering it in much smaller doses than was formerly given, thereby not causing the patient any unpleasant symptoms. 4. That patients who take quinine as an oxytocic where it is needed, have but little trouble during their parturition.

TREATMENT OF NIGHT SWEATS. — S. Bernheim (*Semaine Médicale—American Medical and Surgical Bulletin*, December, 1893) recommends, above all, the following solution for hypodermatic injection against phthisical night sweats:

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℞ Salicylic acid.....1 part,
Alcohol.....3 parts,
Glycerin.....2 parts,
Distilled water.....5 parts.

M. Inject 2 c. c. (representing about 20 ctg.—3 grains—of salicylic acid) of this solution at bedtime.

This dose, repeated for four to five consecutive days, is said to generally suffice for combating the most obstinate sweats.

As another serviceable formula, is mentioned the following:

℞ Salicylic acid.....1 part,
Ether.....2 parts.

Dissolve, filter through absorbent cotton, replace the quantity of ether eventually evaporated during filtration, and add, in small proportions and with agitation:

Oil of sweet almonds.....7 parts.

Inject every evening 2 to 4 c. c. (½ to 1 fl. dr.) of this oily solution.

ATROPINE NOT EFFICIENT IN A CASE OF MORPHINE POISONING.—The *Therapeutic Gazette* of December, 1893, publishes the details of a case of morphine poisoning, reported by Taylor, in the *Anstralasian Medical Gazette*, in which it is easily seen that atropine was absolutely *worthless* in counteracting the noxious effect of the opiate. Why the report should be entitled "Notes on a case of morphine poisoning *successfully* (italics are ours) treated by atropine," we cannot understand, except by assuming that the prefix "*un*" was inadvertently divorced from the word "successfully" by the carelessness of the type-setter. That the title of the report, as given by the *Therapeutic Gazette*, is misleading, becomes evident from reading carefully said report. The case recovered, but in this result the belladonna alkaloid took apparently no part whatever. This is plainly stated by the reporter himself, who, in one of the concluding paragraphs of his article, says: "The atropine exercised its full physiological action on the heart and iris. The respiration was *not much*, if at all, affected by it, and *had not artificial respiration been resorted to and kept up almost constantly during the whole time, there can be no doubt that a fatal result would have occurred.*" (Italics are ours.)*

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*Attention has already been called, in an article by the editor of this department, in last January's (1892) issue of the JOURNAL, to the fact that no real antagonism exists between opium and belladonna. The reader is referred to Dr. Cerna's paper.

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NOTES ON DERMATOLOGY.

REPORTED BY ISADORE DYER, M. D., NEW ORLEANS, LA.,
Professor of Dermatology in the New Orleans Polyclinic; Lecturer and Clinical Instructor in Skin Diseases, Medical Department Tulane University, etc.

Part IX. of the International Atlas of Rare Skin Diseases has just appeared. This excellent work, published in Hamburg, by Leopold Voss, consists of a series of articles, with superb illustrations, representing everything modern in the discovery of the rarer forms of skin diseases. The current number contains four original articles, fully illustrated. The first, by V. Babes, is "On a special variety of malignant Pemphigus." The patient lived only seven days after admission to the hospital. "The eruption at first consisted of papules, the center of which was occupied by a lax bulla filled with a clear liquid. The tonsils were covered with a plastic exudation. The scrotum was denuded of epidermis, and covered with granulations and a thin, slimy layer."

The author notes the frequent occurrence of epistaxis as a prominent symptom. "On the thorax and abdomen, there was a disseminated eruption of bullæ, which have here and there collapsed. . . . On the upper and lower extremities, especially on the palms and soles, the epidermis was raised by a serous exudation." Note is made of subsequent crusting, and marked infiltration, especially of the mucous membrane. Pathological examinations discovered very little characteristic change in the spinal cord. The right malphigii was found reduced in thickness, and the lesions seem confined to the epidermis. There was a certain amount of cell proliferation into the corium. The peripheral nerves were found sclerosed, and similar changes were discovered in the smaller arteries.

Concluding the interesting analysis of the case, the author says: "Besides, even in its malignant, gangrenous, diphtheritic, proliferating, or foliaceous varieties, pemphigus does not possess a similar distribution observed in this case, which depends on innervation, and which includes parts not usually affected by pemphigus."

The second case reported is one of "An uncommon form of Keratodermia, or 'Porokeratosis,'" by Vittorio Mibelli.

The third case is exceedingly interesting in many ways:

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"Psoriasis conjunctivæ palpebrarum (psoriasis opthalmica)," by Arnold Sack. The patient reported had a general eruption of psoriasis. The face was unaffected, excepting for the patch to be described. "This patch, somewhat semicircular in form and about one centimetre in diameter, occupies exactly the middle of the lower lid of the right eye. . . . The shining, silvery patch presents hardly any point of difference from the other psoriatic elements of the body surface. A faintly re-inflammatory halo encircles it. . . . If the lower lid is everted, the following conditions can be seen: Where the equator of the semicircular lesion is to be sought, a ledge-like elevation is seen along the ciliary border of the whole extent of the diameter of the patch. This goes also around the inner side of the lid. Here the affection seems to occupy an equally large territory on the conjunctiva as on the outer side of the lid." The author submitted this lesion, which was duly excised, to a microscopic examination. The result was entirely satisfactory, and gave evidence of a truly psoriatic patch. This case stands in good evidence of the appearance of psoriasis on the mucous surfaces, a point heretofore *sub judice;* it is a rare specimen of an unusual condition.

The fourth and last article of this part, is written by Pierleone Tommasoli, on "Akrokeratoma hystriciforme hereditarium," which is really a congener of ichthyosis.

In the October number of the *British Journal of Dermatology*, Dr. Leslie Phillips has written a very satisfactory article on "Kristalline." This is the name given to a proprietary liqueur made in this country. It resembles collodion, but is far more transparent, and is capable of carrying in solution many substances refused by collodion. It, in addition, is more transparent, and does not spoil so quickly. It is suggested as a basis for the local administration of various medicaments used upon the skin.

The *Journal of Cutaneous and Genito-Urinary Diseases* for November, reproduces a paper read by Dr. R. B. Morison, of Baltimore, at the last annual meeting of the American Dermatological Association. The subject of the paper is "Cosmetics." According to Dr. Morison, the use of cosmetics is not necessarily deleterious. He looks upon certain therapeutic measures in the improvement of the complexion, and the treatment of acne is included, as classed with cosmetics. Galvanism in acne, measures to remove the hyperæmia following acne, the treatment of warts,

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all are considered in this class. We can hardly appreciate such generalization, when the usual acceptance of the term "cosmetics" is as applied to remedies used for conditions not necessarily morbid, as acne certainly is. The article, however, contains many valuable suggestions, and many points were brought out in the discussion by the members. Galvanism was endorsed as beneficial in selected cases of acne; opinion was divided upon the usefulness of electrolysis in hypertrichosis. Stress was laid upon the necessity of attention to the hygiene and general health of the subject afflicted with acne. Little attention was given to the cosmetics of the shops, such as bleaches, and washes, etc. Such are usually condemned, but society demands remedies for the improvement of complexions not necessarily marred by disease, but disfigured by abnormal functions, or temporary conditions. Rough skins, oily skins, pallid cheeks, unmanageable, dry, or oily hair, are some of the things a physician is questioned about, and as he usually discountenances the subject, the patient seeks the charlatan, or the druggist. I was impressed with a prefatory remark made by Dr. Paschkes in his little work on "Cosmetics": . . . "Still the physician is wrong in overlooking the study of the science of cosmetics, for with a knowledge of this, he can not only be of service to patients who suffer from slight blemishes, but he can guard them against dangerous experiments."

Society Notes.

GALVESTON COUNTY MEDICAL SOCIETY.

A regular meeting of the Galveston County Medical Society was held at the Medical College building, on the 4th of December, 1893, at 8 o'clock p. m.

The President, Dr. William Keiller, in the chair.

Present: Members—Keiller, Sampson, Thompson, Haden, Gwyn, Flavin, Hendricks, Barrell, Hulen, Blue, Lee and Cearna, Guests—Drs. B. E. Hadra, J. W. Nixon and C. F. McClendon. Medical students—Magnenar, Allen, Thompson, Sampson and Davidson.

The minutes of the last meeting were read and approved. Dr. William Keiller then read a paper entitled "Uterine Hemor-

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rhages," which elicited a considerable discussion, in which Drs West, Sampson and Thompson took part.

The paper was referred to the Publishing Committee.

On motion, the reading of Dr. Lee's paper, "Vomiting in Pregnancy," was, owing to the lateness of the hour, postponed till the next meeting.

Dr. J. M. Gray was unanimously elected a member of the Society.

The election of a new treasurer being in order, balloting was carried out, Drs. Gray and Cerna being the only two candidates by nomination of the members present. Ten votes were cast, 7 to 3 in favor of Dr. Gray, this gentleman being, therefore, declared treasurer of the Society, to fill the vacancy caused by the resignation of Dr. W. F. Baldinger.

Dr. West nominated Dr. B. E. Hadra as member of the Society. The nomination was seconded by Dr. Cerna.

The President, then appointed Dr. James Kennedy as one of the essayists for the next meeting.

On motion, the Society adjourned.

DAVID CERNA, M. D., Secretary.

DISCUSSION ON DR. KEILLER'S PAPER ON "UTERINE HEMORRHAGES"

Dr. H. A. West.—You have, Mr. President, very thoroughly presented the causes and treatment of uterine hemorrhages. I have very little to add, except to emphasize the importance and frequency of abortion especially when artificially produced, as a cause of hemorrhage and subsequently endometritis. Abortion, pursuing a normal course, that is to say, when there is a complete separation and perfect expulsion of the placenta, is comparatively easy to manage. Quietude in bed for a sufficient length of time to insure involution of the uterus, contraction of which can be stimulated by moderate doses of ergot, with attention to the bowels, are the simple measures required; but there are a certain number of cases, and they are apt to recur repeatedly in the same woman, when the fœtus is expelled, yet the after-births remain firmly, but partially attached, and there is furious bleeding from the open mouths of some uterine sinuses. What are we to do under such circumstances? The answer to this question is not always easy. The paramount indication, you will say, is to remove the retained placenta which is the

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cause of the hemorrhage; but how and when is this to be done? Who has not experienced the difficulty in extracting a placenta or an ovum when the os is contracted, so as barely to admit one finger? The difficulty is still greater when there is more or less complete detachment: If one gives chloroform and attempts to break up and remove piece-meal with finger or curette, the foreign matter, portions are likely to be left behind, and are a certain source of future trouble. I believe it is better practice, unless we are certain we can remove the entire uterine contents, to tampon the womb as well as the vagina thoroughly with iodoform gauze, which will control the bleeding, and give a little time for nature to separate the adherant mass from the uterine wall, when it will often be spontaneously expelled, and if not, its removal with finger, forceps or curette becomes a comparatively easy matter.

Dr. A. F. Sampson:—The discussion of Dr. Keiller's exhaustive paper under the broad title of "Uterine Hemorrhages," would be too much for us to undertake at one sitting. I am especially pleased to see the remarks that have been made dwell upon ectopic pregnancy, as this is a condition that has recently concerned me very much. I cannot agree with those who claim ectopic pregnancy as so easily and rapidly diagnosed. As my experience goes to show, I will admit that when this form of pregnancy has been going on for a couple of months, or rupture of the sack, with its attending shock takes place, it is an easy matter to diagnose; but not so in the first few weeks of ectopic gestation. To illustrate: I was called to a case at midnight, the latter part of September. There was no evidence of any shock. The patient gave a history of delayed abortion. She had gone but a few days over her menstruation, had uterine pains and some hemorrhage for the past three or four days. From what I could gather, I believed the product had passed, and the pains that were referred to the uterus were due to the partially retained placenta, etc. I prescribed ergot, quinine and hot vaginal douches. There was no abnormal temperature; the pulse was in the eighties, and no evidence of a serious condition was manifested. The patient seemed to progress satisfactorily for several days, though slight hemorrhages kept up. About twenty days after my first visit, the patient not doing satisfactorily as to the flow, which still kept up and began to have an offensive odor, I had chloroform administered, dilated the cervix and curetted. Before doing this I made a careful examination and detected no

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evidence of pelvic trouble, except what I attributed to the endometrium. My patient seemed to have no immediate bad effects from the curetting; in fact, seemed to improve to such a degree that I, in due time, allowed her to sit up. Later, pelvic cellulitis began to set up, that proved obstinate to treatment. A consultation was had, and my diagnosis of a pelvic cellulitis was confirmed, as by now a mass had developed in the right pelvic region. Later still, this case passed out of my hands and she became the patient of a most skilled surgeon, whom I had kept well informed as to the progress of the case. Shortly after taking charge of this case I learned that the attending physician suspecting that pus had developed an abscess which seemed to point towards the vault of the vagina, he opened up what he expected to find a pulvic abscess, when, lo! a gush of blood with a profuse hemorrhage following proved to be a case of ectopic pregnancy. This case taught me a lesson.

Dr. J. E. Thompson.—I have seen a case of extra-uterine pregnancy at the 4th month, in which all the signs of pregnancy but that of hemorrhage were present. A complete decidua was passed at the second month. A tumor was found occupying a position to the left of the uterus; it was freely movable, of the size of an orange, and could be completely explored An operation was done at the fourth month, and the tumor completely removed without difficulty. It proved to be a pregnancy in an ovarian sac, no foetus being present, but placental villi were found microscopically.

The Central Texas Medical Society will hold its 30th quarterly session in Waco, January 9th inst. Annual election of officers and banquet. Also the question will be canvassed whether the Society shall be "migratory as to its meetings." Lady friends of delegates and invited guests are included in the invitations to the banquet. A most interesting program has been prepared. Some excellent papers will be read and discussed, and all who contemplate attending may expect a good time and be assured of a warm reception. Dr. W. H. Wilkes of Waco, is president.

Surgeon Jas. Gassaway, M. H. S., under orders of the Surgeon-General U. S. M. H. S., during the month of December (ult.), inspected all the quarantine stations on the Gulf coast.

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DR. ROBT. MORRIS, Charity Hospital, N. O.; Clinical Reports

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The JOURNAL is the official organ of the Austin District Medical Society, the West Texas District Medical Society and the Galveston County Medical Society.

EX-CONFEDERATES DISFRANCHISED.

In our last issue we had an editorial on the subject of Commissioner Lochren's "ruling" that ex-Confederate soldiers or surgeons should not hold the position of medical examiner on any U. S. pension board, and we entered a protest against it, as arbitrary and unjust. Since that time an Austin physician, a distinguished ex-Confederate, has received a letter from a Texas congressman, requesting him to recommend for appointment on the board, at Austin, as medical examiner, a physician who was not disqualified (as was this physician himself) by reason of a Confederate record. (That is the purport of the letter, if not the wording.) Hence, there can be no doubt that such an order, or "ruling," has been promulgated. A well-known Confederate surgeon, residing in Austin, made application for the position, and his application bore such endorsement as would, in the absence of said "ruling," undoubtedly have secured the appointment; in fact he had been notified of his appointment, but not commissioned; it was reconsidered. So here are two cases in point where the disfranchisement has applied. It was claimed by certain friends of the administration that we were premature; that it was only newspaper report that such action had been taken; and no wonder,it is so monstrous that they, and the administration, may well be ashamed of it.

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The right to hold office is one of those "vested rights" of citizens guaranteed by the constitution; and while we suppose there is no law to compel the commissioner to appoint an ex-Confederate,—he can be as arbitrary as he pleases in the selection of his appointees,—no court of equity would sustain him in removing a medical examiner for this cause alone. The most astonishing thing, in connection with it, is the fact that the President, whom we had always regarded as the embodiment of fair play and justice, should consent to the enforcement of a "ruling" which practically disfranchises every one who was voluntarily, or involuntarily, connected with the Confederate army.

It has been said, in attempting to justify, or palliate, the action of the commissioner, that the present administration suspects that there have been frauds practiced on the pension bureau, and that a thorough overhauling will be made Every pensioner will be re-examined; and the administration does not want the Republicans to be able to say that the examinations were made by the "recent enemy's" surgeons! Worse and worse. That is to say, that a physician who had been in the Confederate army, in any capacity, it may be, as a private, when a *boy*, or, it may be, as a surgeon, now gray-haired and venerable, could not or would not do justice to an applicant for pension under the law! It is a stigma, an insult to the entire medical profession. Were the pension boards all over the United States to be composed entirely of ex-Confederates, the inference would not be justifiable; but in any event, under the most liberal distribution of these offices amongst ex-Confederates, that any of us could wish, how large a per cent., or, rather, how small a per cent. would be of the ex-Confederate class. It is a mere pretext; a contemptible subterfuge.

The Austin District Medical Association met in this city on the 21st of December, ult., and the subject being brought up, the following resolutions were unanimously adopted. The subject has also been brought to the attention of other local societies, and they will undoubtedly take action on it; and as it will be seen by the resolution, the State Medical Association will be asked to consider it. The subject will be agitated, and we indulge the hope that "our distinguished President" may be brought to look into it; if so, his sense of justice will surely assert itself, and we may look to have the obnoxious thing rescinded. It could only have been conceived by a very narrow and prejudiced mind, and ten to one, it originated with a person who was

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never within danger of Confederate bullets, nor within smelling distance of burnt powder:

THE RESOLUTIONS.

"WHEREAS, The war is over; nearly thirty years have elapsed since the South laid down arms, and her people cheerfully accepting the decision of the sword,—returned to their allegiance to the National government; their sins have been forgiven, and those who bore arms in the conflict have been appointed to offices of honor and trust. Distinguished ex-Confederates fill foreign missions,—sit on the bench of even the United States Supreme Court, and the voices of ex-Confederate leaders are heard in the halls of national legislation; the bloody shirt has ceased to wave, the ghost of Rebellion has long since been laid, and peace reigns throughout the land; sectionalism no longer exists, but we are once more a happy reunited people, by the grace of God enjoying the blessings of an enlightened Republican form of government; therefore be it

"*Resolved*, That it is the sense of the medical profession in this section of the loyal State of Texas, as represented by their delegates to the 25th quarterly meeting of the Austin District Medical Society, held in the Capital City of Austin, December 21st, A. D. 1893, that the ruling of U. S. Commissioner of Pensions Lochren that "no one who was connected with the late Confederate army shall be eligible as Medical Examiner on any U. S. Pension Board," is a species of political proscription long out of date, and unworthy an enlightened *free people*; uncalled for, unwise as a policy, unjust to a large class of worthy people innocent of any political sin or offense whatever, a gratuitous insult to the medical profession,—a reflection on the honesty, integrity and capacity of every ex-Confederate surgeon now living; contrary to, and in conflict with the spirit and pretensions of the Civil Service Reform, and calculated to re-awaken bitter sectional feeling, and antagonize an element whose mission on earth is "peace and good will towards men," and who, even during the heat of the unfortunate strife, now happily long past, were noncombatants, intent only on deeds of mercy to friends and foes alike.

"*Resolved*, That the Austin District Medical Society hereby protest against a discrimination so causeless, unwise and unjust; and that we call on our distinguished President to either redress the wrong or let the world know why we are thus disqualified.

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"*Resolved*, That the subject be brought before our State Medical Association at its next annual convention in Austin, in April, for consideration and such action as may, in the opinion of that body of representatives of the entire medical profession of Texas, be wise and expedient.

"*Resolved*, That these resolutions be spread upon the minutes of this Society, and that the Secretary be requested to send a copy thereof to the Honorable Commissioner of Pensions at Washington, and a copy to each of the leading papers of the State with the request to publish the same."

NECROLOGICAL.

Death has been busy in the ranks of the medical profession in Texas recently, and the "insatiate archer" has picked off some of its brightest ornaments. Alas, those who devote their whole lives to battling with the fell destroyer must all, sooner or later, fall before his invincible power.

Dr. C. F. Paine, of Comanche, Texas, died at his home September 13, 1893. Dr. Paine was a conspicuous member of the Texas profession and of the State Medical Association. He attended nearly every meeting of the body, however remote from his home. For instance, when the meetings were held at Galveston, San Antonio or Houston, the entire length of the State, some seven hundred or more miles had to be twice traversed This fact alone testified the deep interest Dr. Paine felt in the progress of medical science. He was a son of Dr. F. T. Paine who was one of the pioneer physicians of Texas, and made a reputation in electro-therapeutics, being one of the first physicians in Texas to use electricity in the scientific treatment of disease.

Dr. C. F. Paine was a Mississippian by birth; born in De Soto county, in Mississippi, July 29, 1849; graduated in medicine in Tulane University, 1875; removed to Texas April 29, 1879, and located, residing there continuously, and actively engaged in practice till the time of his death. Dr. Paine was twice married; his first wife, to whom he was married in Arkansas, February 1, 1871, was Miss Mary Oliver; his second wife was Miss S. C. Redden, of Comanche county, Texas, to whom he was married September 26, 1883. He practiced medicine twenty-three years, nine years of which were spent in Mississippi.

Dr. Paine was a member of the Northwest Texas and the

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Central Texas Medical Societies, as well as of the State Society. To each of these he contributed valuable papers.*

His death is a loss to the Texas profession and to his constituency. A genial gentleman and a skilled physician, every home in Comanche county will mourn his untimely death. Cut down in the prime or life his death was the greater shock, and saddens the hearts of a host of admiring friends.

DR. EDWARD DESTEIGER, of San Marcos, Tex., died December 10, after a protracted illness. Dr. DeSteiger was a graduate of Starling Medical College, Columbus. Ohio, of the class of 1876. He was the oldest resident physician of San Marcos. His son, Dr. John R. DeSteiger, a graduate of Hospital College Medicine (Med. Dep. Central University) Louisville, Ky., class of 1890, succeeds him in practice.

DR. JNO. L. WAGLEY, of Cleburne, Tex., a courtly gentleman and a most excellent man in every relation of life, a physician of high character and standing, met with a horrible death at Cleburne, on the afternoon of Dec. 13th. The following is the account given of the casualty in the press dispatches to the Austin *Statesman*. It was a great shock to the community and has created widespread grief and sorrow in the profession by whom the doctor was held in universal high regard and esteem. He was one of the staunchest workers in the State Medical Association and an unfaltering supporter of the Code and of the TEXAS MEDICAL JOURNAL:

"CLEBURNE, TEX., Dec. 13.—A most horrible accident happened here at 7:30 o'clock this evening when Dr. John Wagley, a well known physician, who has been practising medicine in Cleburne for thirty years, was run over by the north bound Santa Fe train. His head was severed from his body which was badly mangled all over. He had gone to the depot with his wife and son, who were going away. He attempted to cross the track in front of the train, which was moving out at the time, when the cowcatcher knocked him down and threw him on the track in front of the engine, which passed over his body. Besides Mrs. Wagley and her son, about one hundred people were on the depot platform and saw the accident. Several ladies fainted at the horrible sight. Dr. Wagley was the most prominent physicians in

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[* The paper on Salix Niger, read before the State Medical Association at Houston, in 1885, and which Dr. Craig, in the Courier Record, attributes to Dr. C. F. Paine, was by the elder Dr. Paine (F. T).—ED.]

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Cleburne and was well known throughout the State. He leaves a wife and a large family. One of his daughters was married last week and is in Galveston on a bridal tour."

Medical News and Miscellany.

Dr. R. P. Tye has removed from Clarendon, Texas, to Chickasha, Indian Territory.

Dr. H. B. Granberry has been appointed local surgeon of the I. & G. N. R. R. at Austin, Texas.

Dr. E. E. Johnson has removed from Ladonia to Denison, and will make a specialty of diseases of women and children.

Married, December 22, 1893, at Marble Falls, Texas, by Rev. Chas. Daniels, Dr. J. R. Yett to Miss Ollie Phillips, all of Marble Falls. THE JOURNAL extends happy new year and congratulations to the young couple.

A Fire at Decatur, Texas, on 22th of December, ult., destroyed much property, including the office and contents of our friends Drs. York & Miller. They had $4500 insurance, however, and we hope, are not not much hurt.

Married.—At Burton, Texas, December 27th, ult., Mr. W. C. Manlove, of Burton, to Miss Ethel Hons, daughter of Dr. J. M. Hons, of San Marcos, Texas. [We believe the groom is a son of the gallant Col. Tom B. Manlove, of Vicksburg.—ED.]

Dr. W. F. Waugh has thrown up the sprightly *Times-Register*, given up all his positions in Philadelphia, and removed to Chicago! There is something, must be, irresistible in the attractions to Chicago when one fixed like Waugh, lets go to go there. We wish him luck.

The S. W. Cockers' Journal, "the sportsman's favorite," for December, is out. It is a very sprightly periodical, and every breeder of fine stock or fancier of game birds, or lover of the rod and gun, should subscribe for it. Published at San Antonio,

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Texas, by Mr. F. V. Daniel, breeder of the finest strains of game birds. $1.00 a year.

Hymeneal.—The JOURNAL is in receipt of cards announcing the marriage, to take place on 11th of January, inst., of Dr. J. M. Richmond to Miss Marie Bronaugh, all of Edna, Texas. Dr. Richmond is a son of Dr. W. T. Richmond, of Manor, and is a graduate of Marion-Sims Medical College of the Class of '92-3. Happy New Year!

Dr. H. W. Waters, of Brenham, the oldest resident physician of that county, and a prominent member of the Texas State Medical Association, was killed on the streets of Brenham on the 4th of January, inst., by a stray bullet. He was hastening to separate two lads who were fighting, when one of them fired a pistol, with the result stated.

The *Texas Sanitarian* has reduced its subscription price to $1, but says the publication will not be "cheapened" correspondingly, but that the same high standard of excellence will be maintained. This enables us to offer it as a premium to our subscribers, our club rate being $2.50 for the two journals to all new subscribers. Begin with January, 1894.

Wanted.—Accurate or approximate information on the following points: How many regular practicing physicians are there in Texas? How many are members of Medical Societies—local or district? How many belong to no such organization? Any one who can furnish the above information will confer a favor by communicating it to Dr. J. H. Sears, President Texas State Medical Association, Waco, Texas.

Funny Bone.—We have received a copy of "*Funny Bone.*" We are a little disappointed. Some jokes not particularly good, appear in several places in a little different garb; too many paragraphs taken from *Pharm. Era*. Though, it *is* certainly worth 50 cents, if only for the pictures, some of which are funny. We do not exactly see where the "bone" comes in; it is not a bone, it is a book, and bears no resemblance to a bone. We don't see the connection.

We see some of the journals are "pitching in" to Dr. Gould

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on account of his peculiar spelling, and his use of words that are not in any dictionary but his. There is need for pruning in the use of some words; for instance, "programme," "catalogue," etc.; but Dr. Gould makes new words, it seems, and some people object to them. We no longer speak the English language; why not have a dictionary of "United States?" We observe in Webster's latest, the words "sockdolager" and "skeedaddle"; why blame Gould for his departure?

Hon. Dudley G. Wooten.—We are promised a paper for our next issue from the pen of Hon. Dudley G. Wooten, of Dallas, on a subject which is now attracting much attention all over the United States: "Sexual Crimes in Relation to Jurisprudence." He will take Dr. Daniel's paper on "Sexual Perverts and Castration," published in the December number of the TEXAS MEDICAL JOURNAL, and the *Medico-Legal Journal*, of New York, for his text, and will treat the subject from the standpoint of criminal law. That it will be an able and well written article, "goes without saying,"his well known ability both as a lawyer and a writer being ample warrant for the assertion.

Hard on the Employees.—The following notice is posted in the pension office at Washington:

"Members of the medical division are forbidden to have their hats or clothing on prepartory to leaving this office before 4 o'clock. Any one breaking this rule will be charged with a demerit of 15 minutes."

It is perhaps not strictly our business, but we should think it would be rather uncomfortable for the clerks of the medical division to work all day without any clothing.—*New York Tribune.*

Such an order would make one believe that the pension employees are decidedly "in the swim." It would be more appropriate on the door of a natatorium than on a pension bureau.

This reminds us of Pat's reply when the Jew wanted to "sell him a trunk to put his clothes in." "What," said Pat, "and go naked?"

A letter of the Secretary General's, dated November 29th, informs me that "traveling documents" will be sent to the address of every subscriber on or before February 15, 1894, and that after that date congressists will have to apply to the undersigned.

It also contains the following regulations of former circulars:

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Members' dues are five dollars (money order to Prof. L. Pagliani, Rome), guests' (wives and adult relations) two dollars, medical students: no fees. All are entitled to traveling documents.

Reductions on the Italian railways are available from March 1st until April 30th. A. JACOBI, M. D.,

Chairman Nat. Committee International Med. Congress.

Special Notice.—This is not only "special" notice, but "general" notice, and "important" notice. The TEXAS MEDICAL JOURNAL feels the "stringency" as well as other people (we are "people"), but out of consideration of the "rocky" times and sympathy with our fellow sufferers and fellow sinners, we have held up our bills for subscription, pressing none for payment. The beginning of a new year is here now, and our patrons have gotten in their collections, if they will ever get them in; and having sent out every bill on our books, so that no one will consider himself especially "dunned," we respectfully and *earnestly request* payment, at least in part, from every one in arrears who can, without too much inconvenience to *their* "Betty and the Baby," divide with us. We are just "obleeged" to do it. Can't keep up all this swell style—a hundred pages, red hot, every month—without a "leetle" money; we have to pay cash on delivery for every issue. We trust our good friends will appreciate the situation, and generously respond, as they have always done when called on. We are going to publish a list of all who answer this, in the order in which remittances are received, but not amounts, because some are away in arrears, and if they will pay up, we will say nothing about it, but will remember them when we are distributing our blessings, and they will feel better. All aboard—let her go, Johnny.

P. S.—Silver, greenbacks, express orders, bank drafts and money orders taken without discrimination or discount.

Kind Words.—The TEXAS MEDICAL JOURNAL for December, is to hand promptly on time, and we can say without hesitation or mental reservation that it surpasses in mechanical makeup, and in the matter of its contents any that have preceded, and we have read the JOURNAL from the first number ever issued. Dr. Daniel, its editor, like good wine, seems to be growing better with age. He did not give us his best at the beginning of the feast.—*Lampasas Leader.*

THE TEXAS MEDICAL JOURNAL.—We always turn at once to

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the editorial notes of this journal. It is a journal that is not only bright without, but still brighter within. Published at Austin, Texas, we notice in the last number that the editor invites all of his best friends to call upon him when they visit the "city of the violet crown." Dr. Daniel knows what to say on every subject that he discusses, and he knows just how to say it too. Among the original communications in the last number, we note the following: A case of Tubercular Meningitis; Congenital Anchylosis of sixteen Joints; Teaching Anatomy in Medical schools; Polio-Myelitis; together with some interesting correspondence. "Our Wile(y) friend of the Bile-colored *New England Journal*," comes in for a most caustic editorial. Dr. Daniel republishes, by request, one of his original poems, entitled, "The Doctor's Lament." It is a story of the earnest pleadings of a doctor to his lady-love. The journal is published monthly and the subscription price is $2 a year. If anybody subscribes for this journal and does not get his money's worth in reading the editorial notes alone, we will give him a year's subscription to this journal free.—*December Number of "Food."*

State Lunatic Asylum, Austin.—The annual report of Superintendent White of the lunatic asylum for 1893 shows that the institution has been well managed and is very prosperous. During the year 121 patients were admitted, 43 discharged restored, 3 discharged improved, 3 discharged unimproved, 1 escaped, 27 died, leaving on hand October 31, 624, of whom 357 were males and 297 females.

Of those admitted during the year 70 were males and 50 females, 111 whites and 10 colored. Of the number 61 were married, 46 single, 6 widows, 2 widowers, 6 unknown. Of the whole number admitted 39 were farmers, followed by housewives 29. Of the cause of insanity of those admitted, heredity heads the list and is put down at 30, intemperance 9, and religious excitement 5. Since the beginning of the asylum there have been admitted to it 2380, patients discharged 1944, died 725, on hand 654.

Dr. White mentions the improvements made, and underway, and highly compliments Drs. Worsham and Maxwell, Bookkeeper S. M. Torbett, Matron Brannon and others.

The board of managers compliments Dr. White and says:—"While not wishing to flatter Dr. White, we can say that, as superintendent, we have always found him loyal to his trust in

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every particular, and that the degree of harmony prevailing between the superintendent and the board of managers is marked."

The bookkeeper reports as follows:—By reference to exhibits 1 and 2, it will be seen that the total expenditure for the year is $167,432.70. Of this amount $68,890.84 was for permanent improvements, repairs. stock on hand, etc., per tabulated statement, leaving a balance of $98,551.86 for actual maintenance,

The number in daily attendance was 623 and results in an annual cost of $158.18 per capita.

The value of farm products raised during the year was $4095, and garden truck $2154.

Errata.—"Accidents will happen in the best regulated" business. Typographical errors are "accidents." It is almost impossible to prevent them with our present system of type-setting and printing,—although the editor cheerfully owns up to at least a part of the fault—whereby such errors happen; for instance, in Dr. Moss' splendid article in our December No.—"Dench apparatus" was set up and printed "*douch apparatus.*" Now, that is very provoking, and is one instance where the editor is to blame; he ought to have had better sense than to let a "proof" go, in which it was recommended to "douche" fumes of camphor, etc., through a catheter in treatment of eustachian and middle ear trouble—he ought to have readily recalled his old friend (?) "Dench" and his apparatus in that connection, but he didn't; but the fact is—all editors are not perfectly familiar with the names of all the inventors of eye and ear instruments, and other inventors, and instruments named for them, their name is (not Denis) "legion!" Then, again, authors of papers should write the names of all such plainly. They all seem to think an editor knows as much as they do, and is acquainted with all their text books. But,

What we started to say is—

On page 274, December No., near top of page, for "*douch apparatus*" read "Dench apparatus"; also, in last case reported, for December 10, 1893, read December 10, 1892.

In Dr. Bibb's article (in November No.), for "vaccinæ," read "vaccinal," and for "ante-intoxication" read "acute intoxication"; for "gayical" read "guaiacal," and for "report" read "attempt." There; we feel better.

The Austin District Medical Society held its regular annual

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meeting in Austin, December 21, ult., and it was an interesting occasion. The retiring President, Dr. R. P. Talley, of Temple, delivered an address characteristic of the man; he reversed the order of glorifying medicine and medical men, of lauding "our noble profession," and showed up some practices and things of which we have not much right to be very proud. He was severe on a certain class of specialists. The address will appear in our next issue. Dr. T. J. Bennett, of Austin, the founder of the Society and long-time Secretary, was honored by election to the Presidency, and Dr. S. E. Hudson, of the JOURNAL, was elected Secretary. Dr. M. M. Smith read a paper on Ostitis, and a paper by Dr. Milliken, of New York, on Varicocele was read. [Published herewith.] Dr. J. C. Anderson, of Granger, related the clinical history of an unusual case in surgical practice, and will, by request of the Society, report it in writing at next meeting, for publication. Dr. Barnwell, who sewed up the laceration in the little Bohemian girl, the victim of the brute Nichols, who is to be executed at Austin on 12th inst. (having been respited from Dec. 22d ult.), will, by request, submit a report of the case; the fact of the girl's recovery making the case one of very great interest. Dr. W. J. Mathews exhibited a patient who had recovered from a large abscess of the liver, and gave the history of the case; evacuated a gallon of pus.

The subject "Shall Consumption be Quarantined?" was announced on the program, but was not discussed very extensively, as there appeared to be some misunderstanding of what was intended. The subject was not fairly stated. No one proposes to quarantine consumption in the sense of isolation and detention; but it is a very proper subject for discussion whether consumptives should be permitted to travel in the same coach or boat or stage with other passengers, and whether or not hotel keepers or palace car men should not be required to enforce sanitary measures after each occupancy of car or room by a consumptive. The subject will come up again in a different shape next meeting.

A splendid banquet at night closed the annual exercises, and was much enjoyed. The Society is still growing.

IN MEMORIAM.

At an informal meeting of Johnson County Medical Association, held at Cleburne, Texas, December 21, 1893, the following resolutions were adopted:

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Mr. President and Gentlemen:—As a committee appointed to draft suitable resolutions on the death of Dr. J. L. Wagley, we respectfully beg leave to submit the following:

WHEREAS, Death has ruthlessly stepped in and removed from among us our worthy friend and coworker, Dr. J. L. Wagley, we pause for a moment and stagger to think of the awful calamity and sad ending of our president and friend, and to express and extend our sympathy to his bereaved family; therefore, be it

Resolved, 1. That in the death of Dr. Wagley we lose our most worthy president and coworker.

2. We are denied the pleasure of his association, both as a physician and friend, in all the pleasures and ills that pertain to humanity.

3. His loss to our Association and to the community will be keenly and strongly felt, both by his coworkers and the people at large.

4. That in his untimely death we feel a bitter sadness that is hard to overcome, and that we, as his brother physicians, express and extend to his family our profoundest sympathy and deepest regrets.

5. That these resolutions be spread upon the minutes of this Association, and a copy sent to the papers for publication, also a copy sent to TEXAS MEDICAL JOURNAL, and a copy be sent to his family.

Respectfully submitted,

W. P. ALEXANDER, M. D.,
J. D. OSBORN, M. D.,
J. J. WILLIAMSON, M. D.

RAILWAY SURGERY AND THE MEDICO-LEGAL SOCIETY.

The proposal to found a section upon Railway Surgery in the Medico-Legal Society, composed of railway surgeons and railway lawyers, met with the approval of that body.

The section will be managed by a chairman and ten vice-chairmen from each profession of law and medicine, a secretary, and a treasurer.

Every member of the Medico-Legal Society, ingood standing, is eligible to membership in the section without entrance fee and nominal dues of $1.50 per annum.

Every railway surgeon or railway lawyer is eligible to mem-

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bership on payment of $5 and annual dues of $2 each, who is not a member of that body, or he can unite with the society and become a member of the section.

The selection of the chairman and vice-chairmen from both professions will be fixed at the conference during the coming fall months.

The railway surgeons of the United States and the Canadas are invited to unite with the Medico-Legal Society and with the section.

The initiation fee to the Medico-Legal Society is $5, and the annual dues, $2 each year, outside the State of New York, and the *Medico-Legal Journal* will be sent free to each member of the section in good standing, free of charge.

Among the prominent members of the National Association of Railway Surgeons who have united with the Medico-Legal Society, and who will take a prominent position in the work of the section, on its medical side, are: Drs. Granville P. Conn, of New Hampshire; B. F. Eads, of Texas; R. Harvey Reed, of Ohio; Nicholas Senn, of Illinois; W. J. Gabrath, of Omaha, now president of that body; W. B. Outten, of St. Louis; George Chaffee, of Long Island R. R,; R. S. Harnden, of Waverly, N. Y.; Richard J. Nunn, of Savannah; A. M. Phelps, of New York; Thomas H. Manly, of New York; Matthew D. Field, of New York; S. Grover Burnett, of Kansas City, and a large number of the medical men of the society will identify themselves with its labors. If two or three hundred of the more enterprising members of the National Association of Railway Surgeons this fall unite with the section, and leading railway sounsel also take similar action, the labors of the body will be of inestimable service to the advance of scientific knowledge in the future—*Medico-Legal Journal*, Sept. '93.

* * *

Among the large number of Railway Surgeons and Railway counsel elected to membership in the Medico-Legal Society at its October meeting (1893) we find the names of the following Texas physicians:

Dr. W. H. Monday, Terrell, Tex., chief surgeon Texas & Midland R. R.

Dr. C. A. Smith, Tyler, Tex., chief surgeon St. Louis ——— R. R.

Dr. W. H. Dailey, Paris, Texas, local surgeon Texas & Pacific R. R.

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Dr. G. P. Howard, Marshall, Texas, surgeon Texas & Pacific R. R.

Dr. B. F. Eads, of Marshall, is a member, and is honored by the publication in the *Medico-Legal Journal* of his biography, and his picture, which appears in a group of distinguished railway surgoons. Dr. D. R. Wallace is vice-president for Texas, of the Medico-Legal Society, and honorary vice-president, as were Dr. F. E. Daniel, of Austin, and Hon. G. W. Tyler, of Belton, of the late International Medico-Legal Congress held in Chicago.

The Medico-Legal Society was organized in New York in 1862, with a handful of members, and has grown to international importance, numbering among its members many of the most distinguished medical and legal men in America, Europe, South America, Mexico and Canada,—and having members and vice-presidents iu every State and Territory of the American Union, and in many foreign States and countries.

* * *

Apropos of the comparatively little interest taken by American officials and physicians in the Medico-Legal Congress referred to above, held in Chicago in August last, Dr. M. Louise Thomas, of New York, during the session—amongst many other important andinteresting things, said:

"I don't know whether President Bell would like me to refer to an experience I had last summer when the Congress of Criminal Anthropology was held in Brussels. The Medico-Legal Society honored me by sending me as a delegate to that congress, and I also represented the International Medico-Legal Congress as a delegate. It was a most remarkable gathering of leading scientists of the world, under the direct patronage of the King of Belgium, Leopold II. Nearly all the delegates came under the direct authority of the general government of Belgium. They were most upright and honorable gentlemen; their papers strong stirring, and original. Some of them were very unique, as you will find by reading the proceedings. They went into branches of thought never before fully measured. The subject of heredity was one; measurement of the cranium, another, and some other subjects new and interesting to me. The deliberations were all in French, the court language of that part of the world. The King of Belgium honored the occasion by his presence in the hall, and, still further, by giving the congress a reception at his palace. When the delegate from America was presented to him, he expressed his great pleasure in receiving a delegate from the

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International Medico-Legal Society from the United States. He also expressed the wish and hope that he might be with us on this occasion, and during our experience to-day I have wondered whether, if King Leopold had honored the occasion with his presence, our own people would recognize still more the importance of the subject that has brought us together. I have not time now, I know I must not take more time, but if, during the congress I should have opportunity to speak, I shall be glad to further enlarge upon what I have merely suggested."

Book Notices.

A DICTIONARY OF MEDICAL SCIENCE.—Containing a full explanation of the various subjects and terms of Anatomy, Physiology, Medical Chemistry, Pharmacy, Pharmacology, Therapeutics, Medicine, Hygiene, Dietetics, Pathology, Surgery, Bacteriology, Ophthalmology, Otology, Laryngology, Dermatology, Gynecology, Obstetrics, Pediatrics, Medical Jurisprudence and Dentistry, etc., etc. By Robley Dunglison, M. D., LL. D., late professor of Institutes of Medicine in the Jefferson Medical College of Philadelphia. Edited by Richard J. Dunglison, A. M., M. D. New (21st) edition, thoroughly revised, greatly enlarged and improved, with the Pronunciation, Accentuation and Derivation of the Terms. In one magnificent imperial octavo volume of 1181 pages. Cloth, $7.00; leather, $8.00. Philadelphia: Lea Brothers & Co., 1893.

For a number of years the medical profession has been demanding a revised edition of "Dunglison's Medical Dictionary," and we now have it larger, better and more complete than ever before. The page has been enlarged, about one hundred pages and forty-four thousand new words have been added; pronunciation has been introduced for the first time, derivation of words are given, the definitions have been expanded to include much valuable and practical information not always easily found elsewhere and everything obsolete has been excised. In no previous edition have the changes and additions been so great. The valuable tables for which "Dunglison" has been noted in previous editions have been retained and enlarged and improved upon. With all the changes and additions that have been made the work is still comprised in a convenient volume.

In a work of this magnitude it would be a matter of great

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surprise if a few errors did not occur, but we believe that this one is as free from them as any that can be found. The phonetic pronunciation is an improvement over the former editions which gave merely the accentuation, but a far better plan could have been adopted. If the author had used a system of pronunciation similar to that used in Webster's dictionaries there could be no chance of making a mistake, and the value of the book would have been greatly enhanced thereby. It is so complete in words and so rich in definitions that the matter of a system of pronunciation seems very insignificant in comparison. It is decidedly the best we have and we can say with the publishers: "It is safe to call *Dunglison's Medical Dictionary* an indispensable book for students, practitioners, pharmacists, dentists and all concerned with any of the medical sciences." H.

A TEXT BOOK OF MEDICINE, for Students and Practitioners, by Dr. Adolf Strümpell, Professor and Director of the Medical Clinique at Erlangen. Translated, by permission, from the sixth German edition, by Herman F. Vickery, A. B., M. D., Instructor in Clinical Medicine, Harvard Medical School, etc., and Philip Coombs Knapp, A. M., M. D., Physician to Out-patients with Diseases of the Nervous System, Boston City Hospital, etc. With Editorial Notes by Frederick C. Shattuck, A. M., M. D., Jackson Professor of Clinical Medicine, Harvard Medical School, etc. Second American edition. With 111 Illustrations. 8 vo. 1043 pages. Cloth, $6; sheep, $7. D. Appleton & Co., publishers, 1, 3 and 5 Bond Street, New York.

Strümpell's Text Book of Medicine has been a favorite with American physicians since the first appearance of the American edition. It has received the high compliment of being adopted and recommended as a text book by the majority of the medical schools of the United States. Many important changes have been made and much new matter added in making up this, the second American edition, and there can be but little doubt that it will now increase in popularity more rapidly than ever before.

Dr. Strümpel is recognized as one of the ablest physicians and teachers in Europe, and the translators rank high in the medical profession of the United States.

One special feature in which this work surpasses most of the text books translated from a foreign language into our own, and for which the translators deserve especial commendation, is the consideration of a number of diseases largely prevalent in the

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United States, but almost unknown to Germany. The translators, realizing the necessity of making the book conform to the wants of the American student and practitioner, have supplemented the original German work with the consideration of such diseases as are of interest to Americans. They have also discussed many subjects from an American standpoint, independent of the views of the author. We thus get the views of leading German and American physicians on a variety of subjects. A very large part of the book (more than 300 pages) is devoted to the consideration of diseases of the nervous system. This is quite a change from the text book of a few years since, and the majority of the profession of this country will appreciate the full discussion of this class of diseases about which so much remains yet to be learned.

The mechanical work of the book is good, though the print is rather smaller than usual in the leading text books. This, however, was necessary that the book might be of a convenient size. H.

ELECTRO-THERAPEUTICS OF NEURASTHENIA. By W. F. Robinson, M. D. Price, paper cover, 25 cents; cloth, 50 cents. George S. Davis, Publisher, Detroit, Michigan.

This is a carefully prepared little volume of 72 pages, treating two of the most important questions of the day, viz.: Electricity, and functional nervous disease, both of which demand further investigation; hence a work of this kind will meet with much favor. H.

THE BACTERIAL POISONS. By Dr. N. Gamaleïa. Translated by E. P. Hurd, M. D. Price: paper cover, 25 cents; cloth, 50 cents. George S. Davis, Publisher, Detroit, Michigan.

This is another of the "Physician's Leisure Library Series," and treats of very important subjects, under three heads: First, History of Microbial Toxicology. Second, General Toxicology. Third, Special Toxicology. The book occupies a popular field, and should have a good sale. H.

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Publishers' Notes.

At Home Daily.—The *ten* Medical Colleges of St. Louis, together with St. Louis' *forty-one* public and private Hospitals and Dispensaries, all use Codliver Glycerine. Codliver Glycerine certainly has a good standing at home.

Edward Bellamy has written the story of "How I came to Write 'Looking Backward'" for *The Ladies' Home Journal.* He will tell, in connection with the history of the book itself, how the idea of Nationalism first suggested itself to his mind.

Messrs. John Wyeth & Bro., in their advertisement in this issue, bring to the notice of the profession a number of remedial agents and combinations that have been found most useful in the treatment of la Grippe or Influenza in former epidemics of this scourge. In the form of compressed powders or pills they present the most readily soluble means of administering these agents, and their consequent rapid action upon the economy.

Dr. Granville L. Fox, Slate Springs, Mississippi, says: I have used papine in two cases of typhoid fever. In all my practice of four years I have never yet found any preparation or combination that acted so admirably as an anodyne. Sometimes I combine it with bromidia, and get the best of results. I expect to keep it on hand from now on, as I do not know of anything that would exactly replace it in the experience I have had with it.

Miss Marjory Hall, Matron of the Creche and Day Nursery Exhibit, World's Fair, Chicago, and of the Virginia Day Nursery, New York City, writes to the Doliber-Goodale Company, Boston, Mass.: "Mellin's Food is used in the Children's Building at the World's Fair for feeding infants that are left at the Creche. No other infants food is used. After a fair trial of the other foods, I find Mellin's Food gives the best satisfaction; I confidently recommend it to all mothers."

The Wayne Elixir Co., of Cincinnati, are offering the profession a preparation, which upon trial will doubtless be found a valuable addition to the physician's resources. It is a tonic-aphrodisiac; and the formula is made public. It contains phosphorus, Damiana, nux vomica, saw palmetto and extract of coca, in appropriate proportions, and indications for its use readily suggest themselves. This is one of our most reliable

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houses. See their advertisement, and send for a sample of the tonic.

How to Administer Tincture of Iron.—Owing to unpleasant features, we had for some years nearly ceased to prescribe the tincture of the chloride of iron, using in place of it some other of the many ferruginous preparations. We were assured by Dr. Joseph W. Bryant, of New York, that if we would use use Tarrant's Seltzer Aperient as a vehicle we would overcome the objectiou to tincture of iron. We have found it an immense success, and almost never prescribe any other form of iron, and *never* in any other way.—*Massachusetts Med. Journal*, Dec., 1893.

Have you ever seen a bottle of McArthur's Chemically Pure Syrup Hypophosphites (Lime and Soda)? It is the most elegant preparation in appearance you ever saw. In all details, color of the syrup, which is constant, bottle, label, and whatever else betokens purity and elegance is expressed in that preparation.

You all know the value of the Hypophosphites of Lime and Soda.

McArthur's Syrup Hypophosphites (Lime and Soda) Comp. is the standard preparation, and as a physician has said: "Whatever you can do with the Hypophosphites of Lime and Soda you can do with this preparation—and that is a great deal."

I have found the following formulæ to be of great service in all bronchial and pulmonary troubles:

℞.—Terraline.....ℨiv
Creosoti (Beechwood) .....ℨss
M.Sig.—Take a teaspoonful every four hours.

℞.—Terraline.....ℨiij
Vini xerici.....ℨij
M.Sig.—Take a teaspoonful every four hours.

J. C. HAIRSTON, M. D.,
Clarksville, Tenn.

—*Medical and Surgical Reporter.*

Petroleum has, in one shape or another, filled a larger measure of usefulness in human affairs than almost anything. In medicine it answers a variety of purposes. There is now upon the market and very popular, and gaining in popularity every day a petroleum emulsion, intended as a substitute in suitable cases for codliver, oil. It possesses one decided advantage in being tasteless, or rather, it is as palatable as cream. Readers will find in this issue the Angier Chemical Co.'s "Short Talk on Petroleum" number one, which will interest them. These short talks will

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We want every physician to know that

PHILLIPS' COD LIVER OIL

EMULSION,

Represents, in all essential features, the highest degreee of perfection in the Emulsionizing of Cod Liver Oil.

We believe it to be the only Emulsion not advertised to the Public.

PHILLIPS' DIGESTIBLE COCOA.

A Peptonized Cocoa in which the fat of the bean is wholly retained and pre-digested by means of Pancreatine. It is a **delicious food beverage**, rendered **assimiliable** and is **nourishing to a high degree.**

Besides its adaptability as a **substitute for tea and coffee** in daily use, and as a **conven ent and reliable article of diet** in the sick room, it is **particularly recommneded in many conditions of debility** where a supply of carbonaceous food is indicated, but where there is diffiulty attending the digestion of ordinary fatty food.

PHOSPHO-MURIATE OF QUININE, COMP.
WHEAT PHOSPHATES.
MILK OF MAGNESIA.

Tho Chas. H. Phillips Chemical Co.,
77 PINE STREET, NEW YORK.

Ponca Compound

Uterine Alterative

Metritis
Endo-Metritis
Subinvolution
Menorrhagia
Metrorrhagia
Leucorrhoea
Dysmenorrhoea
Ovarian Neuralgia
Painful Pregnancy
After Pains

FORMULA
Ext Ponca 3 grs
Ext Mitchella Repens 1 gr.
Caulophyllin 1/4 gr.
Helonin 1/8 gr.
Viburnin 1/8 gr.

PONCA COMPOUND
Uterine Alterative

DOSE
One Tablet
After each meal
& before retiring

Exercises a specific alterative action on the uterine tissues, a general tonic influence on the Pelvic Organs; has a tendency to absorb plastic deposits, to regulate the vascular supply, to relieve congestion, to tone up the nerve forces, to encourage peristalsis of the bowels, and to remove spasmodic conditions.

FOR LITERATURE & SAMPLES

MELLIER DRUG COMPANY. **ST. LOUIS**

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YOUR PATIENT'S PALATE

Is entitled to a certain amount of consideration. The therapeutic properties of your remedies do not always retain your patient if the mixtures which you prescribe are not palatable. Elixir Lactopeptine is one of the best vehicles you can employ for the exhibition of unpleasant medicines. It has a pleasant, aromatic, "bitter-sweet" taste and is a rich claret color in appearance. Mixtures compounded with this Elixir as a base will please the fastidious palate and the cultured eye, both of which are properties not to be despised in the art of prescribing in these days of active competition.

Try it, and you will be glad you read this advertisement.

The N. Y. Pharmacal Association.

Send 2cts. postage for "LACTOPEPTINE CALENDAR" for 1893, just out.

YONKERS, N. Y.

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appear each month, and will be read with benefit. Mention the JOURNAL.

Blenorrhagia of the Nose.—Dr. Coyzoline states (*La Medicine Moderne, No. 86*) that the most efficacious treatment is to begin with irrigating the nose with a solution of sublimate 0.10 or 0.15 to 1000. Later on, when the process becomes less inflammatory and more chronic, good results will be obtained by applying some caustic (solution of sulpho-phenate of zinc, 1 to 30; nitrate of silver, 1 to 50), followed by insufflation of the following antiseptic powder:

Acid, boric	6 parts,
Aristol	3 parts,
Dermatol	2 parts.

Announcement.—E. B. Treat, publisher, New York, has in press, for early publication, the 1894 *International Medical Annual*, being the twelfth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty-one distinguished specialists, selected from the most eminent physicians and surgeons of America, England and the Continent. It will contain complete reports of the progress of medical science in all parts of the world, together with a large number of original articles and reviews on subjects with which the authors' names are especially associated. In short, the design of the book is, while not neglecting the Specialist, to bring the General Practitioner into direct communication with those who are advancing the science of medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensable, investment for the medical practitioner. While the book will be so much improved over previous issues, the price will remain the same as heretofore, $2.75.

The Samuel D. Gross Prize.—The Quinquennial Prize of One Thousand Dollars under the will of the late Samuel D. Gross, M. D., will be awarded by the Philadelphia Academy of Surgery, January 1, 1895.

The conditions annexed by the testator are that the prize "Shall be awarded every five years to the writer of the best original essay, not exceeding one hundred and fifty printed pages, octavo, in length, illustrative of some subject in Surgical Pathol-

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ogy or Surgical Practice, founded upon original investigations, the candidates for the prize to be American citizens."

It is expressly stipulated that the successful competitor, who receives the prize, shall publish his essay in book form, and that he shall deposit one copy of the work in the Samuel D. Gross Library of the Philadelphia Academy of Surgery.

The essays, which must be written by a single author in the English language, should be sent to Dr. J. Ewing Mears, 1429 Walnut street, Philadelphia, before January 1, 1895.

Each essay must be distinguished by a motto, and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which will contain the successful essay.

The committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The committee reserve the right to make no award if the essays submitted are not considered worthy of the prize.

Some Excellent Rules to Follow in the Care of the Teeth.—One of the most skillful dentists in New York gives these rules for the care of the teeth: Use a soft brush and water the temperature of the mouth. Brush the the teeth up and down in the morning, before going to bed, and after eating, whether it is three or six times a day. Use a good tooth powder twice a week, not oftener, except in case of sickness, when the acids from a disordered stomach are apt to have an unwholesome effect upon the dentine. Avoid all tooth pastes and dentifrices that foam in the mouth; the lather is a sure sign of soap, and soap injures the gums, without in any way cleansing the teeth.

The very best powder is of precipitated chalk; it is absolutely harmless, and will clean the enamel without affecting the gums. Orris root or a little wintergreen added gives a pleasant flavor, but in no way improves the chalk. At least a quart of tepid water should be used in rinsing the mouth. A teaspoonful of Listerine in half a glass of water used as a wash and gargle after meals is excellent; it is good for sore or loose gums; it sweetens the mouth, and is a valuable antiseptic, destroying promptly all odors emanating from diseased gums and teeth. Coarse, hard brushes and soapy dentifrices cause the gums to recede, leaving the dentine exposed. Use a quill pick if necessary after eating, but a piece of waxed floss is better. These rules are worth heeding.

Be assured of the genuine Listerine by purchasing an original bottle.

Recurring Grippe.—The history of epidemics is almost uniform in the direction of their extending over several years. Frequently the disease is endemic, becoming a definite part of every day life, as witness diphtheria in many sections of the country.

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Anderson Antiseptic Vaginal Capsules

FOR THE LOCAL TREATMENT OF

DISEASES OF THE VAGINA AND UTERUS.

The most efficient and cleanly means of introducing remedies into the vagina. Antiseptic, perfectly soluble and reliable. Each capsule contains an absorbent tampon which may be medicated with any remedy indicated.

WHEN? In all cases of acute and chronic inflammation of the lining of the womb; Gonorrhœal, syphilitic, purulent and leucorrhœal discharges.
Relaxation of the uterine ligaments and weakening of the vaginal walls.
Falling of the womb. Ulceration of the os uteri.
Diseases of the ovaries and fallopian tubes.
Painful and scanty menstruation.
Where the womb is extremely irritable and neuralgic.

HOW? Moisten the tampon with the remedy, draw it back into the capsule by means of the linen thread, replace cap and insert.

WHAT? The result is grateful relief to the sufferer and satisfaction to the physician. No handling of disagreeable drugs; no loss of medication in the introduction; no soiling of linen.

THE VERDICT!!

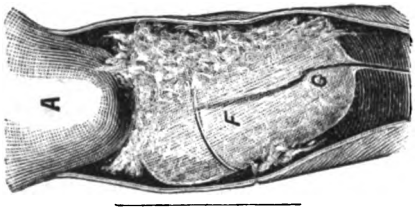
RATIONAL. CONVENIENT. CLEANLY. EFFICIENT.

Three Sizes.

No. 1 SMALL

No. 2 MEDIUM

No. 3 LARGE.



Tampons.

ABSORBENT COTTON

OULO-KUTUN OR WOOL

AS DESIRED.

VALUABLE AS A PESSARY.

Extract from a letter from Dr. A. J. Howe, Professor of Surgery, Eclectic Medical Institute, of Cincinnati, Ohio.

"The Anderson's Vaginal Capsules charged with tampons of Oulo-Kutun are a convenient vehicle and medium for introducing douches or medicated fluids into the vagina, and retaining them there. Astrigent, sedative and antiseptic liquids may be thus employed, instead of the syringe as an implement, or as speculum."

Repectfully, A. J. HOWE, M. D.

☞Send for Printed Matter containing valuable information.

THE HALL CAPSULE CO.,

MANUFACTURING CHEMISTS. CINCINNATI, O.

☞Have you seen our "Ruby Capsule" for disguising the physical appearance of prescriptions, and for use when two medicines are to be taken in alternation?

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New Rx
In PHTHISIS

Maltine with Cod Liver Oil 16 f3
Beech Wood Creasote 2 f3
Oil of Lemon ..... 12 m
Oil of Bitter Almonds ..... 8 m
M. Triturate. Add Creasote gradually.

MALTINE WITH COD LIVER OIL,
(30% Oil, 70% Maltine,)

Effectually disguises the disagreeable pungent taste and odor,
Obviates regurgitation or derangement of digestion,
Retains fully the virtues of the creasote, and
Forms a valuable adjunct by reason of its reconstructive and digestive properties.

An eight ounce bottle each of "Maltine with Cod Liver Oil" and "Maltine Plain" will be sent to any physician who will defray expressage, and mention this journal.

THE MALTINE MANUFACTURING COMPANY,
168 Duane Street, New York.

HELONIA TABLETS
VAGINAL

FOR THE CURE OF
LEUCORRHŒA
AND ALL
VAGINAL DISCHARGES

EACH TABLE REPRESENTS

Ex. Helonias	¼ gr.
Acid Tannic	2 gr.
Acid Salicylic	1 gr.
Ex. Opium	¼ gr.
Acid Boracic	3 gr.
Ex. Hyoscyamus	1 gr.

With Thymol, Eucalyptol and Alum.

A simple and efficacious method of treatment that does away with the uncertainty of medicated vaginal injections.

DIRECTIONS—One or two to be inserted into the Vagina each night, followed by a warm water douche in the morning.

Put up in elegant shape for Physician's Prescriptions only.

FIFTY IN EACH BOTTLE; PRICE $1.00.

GENTLEMEN—I have practiced Medicine quite a number of years, but I have never used a remedy that acted with such marvelous effects for good as your "HELONIA TABLETS." Leucorrhœ vanishes like magic. I am, yours truly,

L. Adair Bonner, M.D.

North Chemical Co., 30 Platt St., New York City. LOUISVILLE, KY

For sale by one or more of the Wholesale Druggists in Chattanooga, Tenn., Cleveland, O., Chicago, Ill., Cincinnati, O., Dallas, Tex., Detroit, Mich., Denver, Col., Des Moines, Iowa, Evansville, Ind., Fort Worth, Tex., Indianapolis, Ind., Kansas City, Mo., Knoxville, Tenn., Louisville, Ky., Little Rock, Ark., Memphis, Tenn., Minneapolis, Minn., Nashville, Tenn., New Orleans, La., Omaha, Neb., Ottumwa, Iowa, Peoria, Ill., Pittsburg, Pa., Quincy, Ill. San Antonio, Tex., St. Louis, Mo., St. Paul, Minn., St. Joseph, Mo., Toledo, O., Waco, Tex. and Wheeling, W. Va.

Send for Samples and Literature (mentioning this Journal.)

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La grippe is no exception. Appearing among us as it did several years ago, it returned the second year in a form more virulent than the first, producing effects far-reaching and uniformly demoralizing. Observing practitioners cannot have failed to notice that during this summer and fall many cases could be explained by no other hypothesis than that they were affected either directly or remotely by the grippe. The possibilities are that the coming winter and spring will develop enormous numbers of these cases; cases effected de novo by the germ, if there be one, and cases that have never yet recoved from previous attacks with re-aroused disturbances due to the sudden and frequent changes of the weather. Feeling the importance of keeping open the excretory system of glands, and at the same time considering thoughtfully the rheumatic feature that accompanies these cases, no remedy would more proptly suggest itself to our mind that of Tongaline. Knowing as we do definitely the component parts, the combination naturally suggests antagonism to a locked-up condition of the glands, opposition to la grippe, neuralgia, rheumatism, nervous headache and gout.

We commend it earnestly and emphatically to the practitioners of the country at large to meet the conditions to which we have referred.—*I. N. Love, M. D., Vice-President American Medical Association.*

A Hundred Ton Magazine Order.—An event in periodical literature, not without its significance to the general public as showing the growth of the reading classes, was the receipt on the 9th of November, by the *Cosmopolitan Magazine* of the order given below. A single order from a news company for one hundred tons of magazines! That is almost an event in the history of the world. A like order has never before been made, and if past ratios be maintained it means considerably more than half a million circulation for the December *Cosmopolitan*. Yet, when the list of authors and artists in the December number is examined, one is not so much surprised. It contains the only known unpublished manuscript of De Maupassant, illustrated by Vierge, perhaps the most famous of European illustrators; After the World's Fair, by Paul Bourget, John J. Ingalls, William Dean Howells, Lyman J. Gage, Arthur Sherburne Hardy, Mark Twain, Robert Grant and others nearly as famous, and nearly two hundred illustrations, to which the following artists contribute: Hopkinson Smith, Kemble, Harry Fenn, F. O. Small, Attwood, Henckel, Dan Beard, Reinhart and Remington. Think of having the World's Fair done by such expensive men as Howells, Mark Twain and Paul Bourget, and sending such artists as Charles S. Reinhart to Chicago for a single number of a magazine to be sold for only 15 cents, or by subscription 12½ cents. A book publisher, preparing such a book would not dare incur these expenses short of $5.00 a copy. Is it not a revolution that is an

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improvement upon old methods, a revolution of vast importance to the reading public? The order to which reference is made reads as follows:

"Publisher Cosmopolitan, Dear Sir:—Of the 200,000 copies of December number to be sent us, please send as follows: 172,650 copies regular edition, 27,250 copies R. R. edition. Yours respectfully, The American News Company.

Club with TEXAS MEDICAL JOURNAL for $3.

THE PUBLICATION OF PHYSICIANS' PORTRAITS.

NEW YORK, December 26, 1893.

To the Editor of the New York Medical Journal:

SIR:—Your reference to our calendar for 1894, demands our attention. While you did not mention us by name, the reference is so direct that the physicians who received the calendar cannot but know to whom you referred.

It has been our custom for several years to send to the medical profession throughout the United States portraits of eminent physicians and surgeons, and, inasmuch as their distribution has been scrupulously confined to medical men of good repute, no objection has been offered by those gentlemen whose likenesses we reproduced. Not a copy of this calendar, nor of any of our other numerous publications, has ever been sent to the laity.

Maltine is distinctly not a "patent medicine," nor has it ever been advertised to the public, and therefore we have considered it within our province to distribute portraits just as we have promulgated testimonials from the most eminent physicians and chemists in this country and Europe.

We have statistics to prove that ninety per cent. of the physicians of the United States prescribe maltine. This fact, in addition to the fact that we reach the patient *only through the physician*, would seem to amply vindicate our use of the likeness of a physician whose pictures are on public sale and have continually appeared in the public press, and who is well known as a public man.

The portraits referred to were not used to push the sale of our preparations, as was the portrait of Dr. D. Hayes Agnew, recently published by us. It will be remembered that we printed under Dr. Agnew's portrait a fac simile of his indorsement of maltine. Our only reason for publishing the portrait of Dr. —— was because we thought it would interest his medical brethren, who have shown so high an appreciation of the series of likenesses we have already published.

We should like further to say that as soon as objection was made by him we suspended the distribution of the calendars, as

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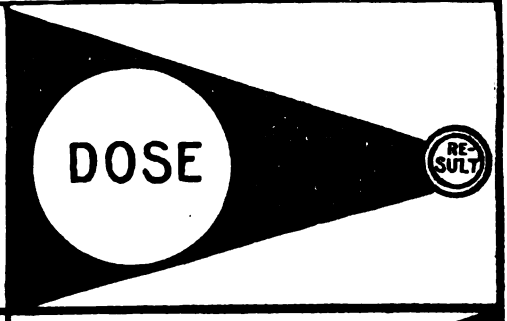
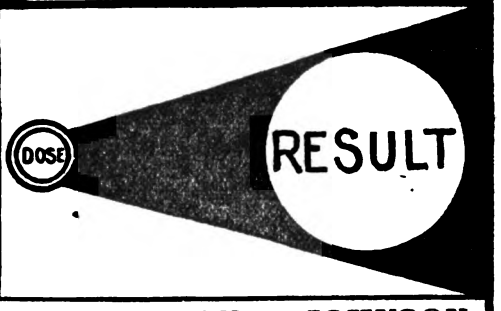
Comparative Doses and Results

Pepsin
acts in acid medium only



Papoid
acts in any medium



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WE CLOSE THE BOOK

with saying that logical and chemico-physiological

ELIXIR THREE CHLORIDES

will yield the best therapeutic results,

KINDLY SPECIFY R. & H.'S

prompt, **more** vigorous and researching than any known alterative or tonic combination—besides **is** decidedly economical.

RESULTS IN ECZEMA MORE THAN I EXPECTED, J. A. GILLIS, M. D., BALTIMORE, MD.

CHRONIC ARTICULAR AFFECTIONS,

PAIN IN PARENCHYMATOUS ORGANS FORMERLY CALLED RHEUMATISM AND ATTRIBUTED TO EXPOSURE OR OTHER CAUSES, AND ALL DISEASES OF MUCOUS MEMBRANE ARE READILY RELIEVED BY **HENRY'S TRI-IODIDES.**

RENZ & HENRY PHARMACAL CO.,
LOUISVILLE, KY.

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THE NEW ANTIPYRETICS.

As the season is approaching when it is reasonable to expect there may be more or less of *la Grippe* or Influenza, which prevailed in this country several years ago, *we desire to call the attention of the Profession to the compressed form for administering the following remedies*, insuring immediate therapeutic results, the COMPRESSED TABLET being much more readily soluble than the ordinary pill, with greater convenience and absolute exactness.

The large number of these COMPRESSED TABLETS which we have sold, has proven the efficiency of these remedies, as well as the great favor with which our process of compression has been received by the medical profession.

The absence of any excipient,—the Tablet consisting merely of the dry powder compressed—must commend itself to the physician; resulting in the rapid disintegration and assimilation by the system, which is not possible with the ordinary pill, prepared by means of gum or some other excipient, which hardens the mass and prevents rapid solubility.

The following comprise the remedies of this character which we are prepared to supply:

ANTIPYRINE, 1, 2, 3, 5 and 10 Grains.

ANTIPYRINE and QUININE.

(Antipyrine 2 grains, Quinia Sulph. 2 grains.)

ANTIPYRINE and SALICYLATE of SODA.

(Antipyrine 2 grains, Salicylate of Soda 2 grains.)

ACETANILID, 1, 2, 2 1-2, 3, 4, 5, and 10 Grains.

ACETANILID COMPOUND (Dr. Aulde's), 1-2 Grain.

(Acetanilide 7-20 grain, Caffeine 1-20 grain, Soda Bicarb. C. P., 1-10 grain.)

ALSO, 2 AND 5 GRAIN TABLETS OF THE SAME FORMULA.

ANALGESINE.

Acetanilide 3 grs., Chloride of Ammon. 1 gr., Citrate of Caffeine ½ gr., Bicarb. Sodium ½ gr.

ACETANILID and SALOL, 2 1-2 Grains of Each.

ANTIFEBRIN, 2, 3 and 5 Grains.

ANTIFEBRIN and CHOCOLATE.

(Antifebrin 5 grs., Sweet Chocolate 10 grs.)

PHENACETINE, 1-2, 1, 2, 3, 5 and 10 Grains.

PHENACETINE and CAFFEINE.

(Phenacetine 3 grs., Citrate Caffeine 1½ grs.)

PHENACETINE and SALOL.

(Phenacetine 2½ grs., Salol 2½ grs.)

A paper, embodying a number of formulæ as prescribed with marked success in both hospital and private practice in different phases of *la Grippe*, giving in detail the chemistry of all the ANTIPYRETICS and other remedial agents now being largely prescribed by our most eminent practitioners, for the prevailing disease, will be sent on application.

JOHN WYETH & BROTHER, Philadelphia.

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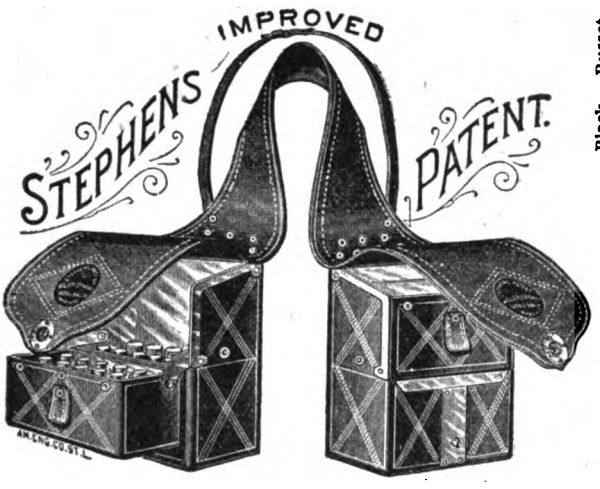

PRICES:		Black Leather.	Russet Leather.
No. 1 Contains	8—½-oz. vials	$10.00	$11.00
	16—1¼ " "		
" 2 "	10—½-oz. vials	$11.00	$12.00
	20—1¼ " "		
" 3 "	12—½-oz. vials	$13.00	$14.00
	24—1¼ " "		
" 4 "	12—½-oz. vials	$13.00	$14.00
	12—1¼ " "		
	6—2½ " "		

THE ABOVE CUT REPRESENTS THE

STEPHENS' IMPROVED PATENT SADDLE-BAGS.

The most compact, strong and entirely WATERPROOF Bag made. Each bag has a set of WIDE-MOUTH SCREW-CAP VIALS, for powders, and a POCKET SPATULA. THE BIGGEST sellers on the market.

WELLER-STEPHENS SADDLE-BAG CO.,

Main and Washington Avenue, St. Louis, Mo

we would not knowingly offend even one of the honorable profession to whom we are so greatly indebted.

THE MALTINE MANUFACTURING COMPANY.

Perturbed Nervous Forces—An Unsurpassed Composer and Pain-Reliever.—The season of pneumonia, typhoid, bronchitis, also the recurring epidemic of influenza, while not so malignant as its predecessor, la grippe, still makes apropos an extract from *The Medical Summary*. It says, in speaking of the action of antikamnia:

"This drug has a well earned character as an analgesic. It is one of the few among the many claimants for favor that have successfully stood the test of experience. In a case of acute-articular rheumatism prominently affecting both knees, where there was great swelling and exquisite tenderness of the articulations, two ten-grain doses at an interval of an hour produced almost complete relief, followed by several hours of restful sleep, This was the more remarkable as after one or two more doses there was comparatively little pain experienced to the close of the attack. For the relief of nervous headache, hemicrania, menstrual neuroses and neuralgias in general, it cannot be over-praised. In the prevailing epidemic of la grippe its usefulness as a pain-re-

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liever and composer of the perturbed nervous forces is unsurpassed. It has become indispensable, and doubtless there is not a physician acquainted with its decisive action who could be induced to dispense with it. Five or ten grains as a commencing dose, then two, three or five grains every three or five hours, will relieve the severest case, in a few hours causing the splitting cephalalgia, lumbar and general muscular pains and nervous disquietude to vanish. On the whole it abates the fever and subdues the whole assemblage of perturbed activities that distinguish la grippe as no other agent, or combination of agents, has ever done, producing not a single unpleasant symptom and leaving no sequelæ. Quinine checks ague, digitalis energizes the drooping heart, ergot promotes uterine contraction, but their action is no more nearly specific than is that of antikamnia in its sphere of usefulness." In the line with and supplementary to the foregoing, Hugo Engle, A., M., M. D., late Lecturer on Electro-Therapeutics, Jefferson Medical College, Professor of Nervous Diseases and Clincical Medicine Med-Chir. College, and Consultant in Nervous Diseases at St. Joseph's Hospital, Philadelphia, says: "The remedy has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection of morphia. It is used only *internally.* To stop pain five grains are administered at once; three minutes later the same dose is repeated, and, if necessary, a third dose given three minutes after the second. If ten minutes after the third dose the remedy has not a decided effect, but a little of the pain be remaining, a fourth dose of gr. v may then be administered. In 92 per cent. of all cases it immediately stops the pain.

The following is an excellent prescription in la grippe and painful bronchial catarrh:

℞ Antikamia (Genuine) ..... ℥ ij
Mist. Glycyrrh. Comp ..... ℥ iij
F. E. Rad. Glycyrrh ..... ℥ ij
Vini Rubri Gall ..... q. s. ft. ℥vj

M. Sig.—Two teaspoonfuls every three hours.

For whooping cough in a child four years old.

℞ Antikamina, (Genuine) ..... gr. xxxvj
Divide in chart, No. xij.

Sig.—At night, one powder every fifteen minutes until three have been taken. Administer in dilute claret, or port or sherry wine.

As an antipyretic from gr. v to gr. x should be given every ten minutes until the temperature has been reduced, or 40 to 50 grains have been taken, when the same dose is repeated at longer intervals, until the desired effect is obtained.

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TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY.—SUBSCRIPTION $2.00 A YEAR.

VOL. IX. AUSTIN, FEBRUARY, 1894. NO. 8.

Original Contributions.

For Texas Medical Journal.

A CASE OF DROWNING.

BY T. C. OSBORN, M. D., CLEBURNE, TEXAS.

Prepared to be read before the Johnson County Medical Society in December, 1893.

THE rarity of resuscitation from the asphyxiated result of drowning, makes an interesting subject for discussion by medical men; and as there is so much that is unsettled involved in it, any reports of cases resuscitated after submersion, it seems to me, ought to be registered in the statistics of the age. I will, therefore, offer no apologies to the society for requesting the insertion of this report in the transactions, nor make any claim of originality in the methods adopted to establish reanimation.

Strangely enough, as in this case, statistics will sustain my assertion that one per cent. of the total number of cases reported, little children, are the victims of the wash tub, water barrel or neighboring tank at home.

My case happened here in Cleburne in the autumn of the year 1890, and was in the person of a baby boy about two years of age, the child of Mr. C. L. Mackelhany, who is now a citizen of Erath county, but who, at the time of the accident, was my next door neighbor, not over sixty feet from my residence, and, of course, in easy reach of my assistance. The child was playing alone in the yard, near a wash tub filled with stock water, and

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in some way tumbled head foremost into it. How long he had been there is uncertain, as his mother, in passing, saw him buried head downwards in the water, with no movement in any part of the body. In this condition she seized him by the feet, which she placed under her left arm, letting his head hang down, and ran through the house to the front door, where she stood frantically screaming at top of her voice, alarming the entire neighborhood. She had been standing there full two minutes before I reached the door. Inferring at a glance the nature of the trouble, and thankful for the help she was unconsciously giving by holding the child in the proper position for the water in the stomach and lungs to run out, carried it hastily to a bedroom, stripping the clothes off, as I went along, and calling for towels and hot flannels to other members of the family, who were apparently as deaf as the mother, and chorusing her screams in terrible discordance. These screams, however, had the effect of bringing into the house quite a number of intelligent ladies who immediately gave me all the assistance needed, and very soon the towels and flannels were in use, and some were rubbing the upper and lower extremities with dry mustard to stimulate, if possible, a circulation in the surface, whilst I, on my part, was at work raising and lowering the arms to induce respiration; and finding no response, I attempted to insufflate the lungs by applying my mouth to his, but found it impossible to do so, on account of what I knew must be retraction of the tongue over the elevated glottis. I thrust my finger well back in the fauces, and pressed the stiffened tongue downwards and forwards from off the air passage. When this was performed there was a perceptible flow of air into the lungs, and I withdrew my finger to raise and lower the arms again, thinking there would be no further obstruction to the entrance of the air. In all this time there was no sign of life. The body was cold in all its parts; the skin had everywhere a death-like pallor, and in many places sodden, and with cutis anserina strongly depicted; but there was no cadaveric rigidity except in the cold tongue and cold eyeballs, turned backward and set, whilst the lids were closely drawn together, and could only be separated by force. There was total insensibility in all parts of the body; nor was there a pulse to be found, nor the sound of a heart beat, when my ear was applied, over the cardiac region. The body was apparently dead, and had been so for no telling how long a time.

In the second year of my professional career, 1841, a pig, feed-

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ing near me, fell dead which, for a few minutes, I attempted to bring back to life, but with no success. The suddenness of the death excited my curiosity to know the cause of it. For this purpose I made a post mortem, and on opening the thorax I was astonished to find the heart still throbbing. I removed that organ from the body—there was no bleeding—and placed it in a pan of warm water, where it continued to pulsate for the next ten minutes, the motions growing fainter and fainter, until it ceased entirely. And the memory of that event led me to hope that the child's heart might still be beating, but so feebly as to make no sound. With this hope I again pressed the tongue out of the way, and again there was a perceptible rush of air into the lungs in almost a sob. At this point I was sanguine in my hopes, and again released the tongue to assist expiration; but the life did not seem to return according to my expectations. Then for the third time I pressed the tongue and held it there, as I should have done at first. It was now less resisting, and upon opening the passage there was a gasp, the eyelids partially unclosed, the balls seemed trying to move, and to my great satisfaction respiration began; the eyes opened, the balls righted up, and, after the second or third act of breathing, a gasp followed, and the child uttered a vigorous scream. As soon afterwards as possible I gave a teaspoonful of strong brandy, and some of it getting into the glottis, caused convulsive strangling in which, apparently, every muscle in the body was actively at work. Ah, this was the supreme moment of my elation. I knew now the circulation would be aroused to renewed life, and I felt amply compensated for my persistent efforts in the restoration of life.

Such instances make much the largest compensation in the feelings of the doctor. Life was gone; life was restored, and that by efforts unmistakably his own. It is a glorious feeling. Of course it is understood that not as much time was taken up in the efforts at resuscitation as I have occupied in detailing it. In fact I feel quite sure that not more than five minutes, at the outside, was passed through in the work. But, after all, I must confess my conviction that the time would have been materially shortened if I had held down the tongue with the first pressure instead of releasing it to use my hands in effecting expiration.

In bold relief to the picture here presented was the gentle mother, standing statue-like where I had met her, at the front door, with unwinking eyelids and dilated pupils, looking straight ahead, as if viewing something over the border, far into the nine-

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teenth century, and with every breath uttering a high-pitched scream, perfectly indifferent to passing friends whose efforts at consoling her were as totally wasted as if her ears had lost all sense of hearing. Nor did she cease, or change position until I went out and shook her arm, asking if she had gone crazy? Then, for the first time, she realized her condition, turned silently into the hall, took the child in her arms, and smothered him with kisses and embracements. My parting instructions to her were, "make him drunk and let him sleep it off, and no harm will happen after he awakens."

There is, in my opinion, but little doubt that asphyxia is the cause of death in 90 per cent. of the cases of drowning by accident, as the post mortem appearances in nine cases of ten show the presence of excess of water in the stomach by the act of swallowing; with frothy mucus in the bronchial passages, and infiltration of water in the air tubes and cells of the lung tissue.

It would seem an easy inference that the lungs would be more or less collapsed, owing to the last expiration having expelled all the air enclosed; but this is not always true. On the contrary, in a number of cases the lungs are found distended to their utmost capacity, being filled with water, and although some air remains, the greater bulk of the substance is filled with water, which causes them to have increased dimensions. Some observers have ascribed death in drowning to a congested state of the vessels of the brain, and that death takes place in most cases by a species of apoplexy; but it is my belief that the obstruction to the passage of the blood through the lungs is quite sufficient to explain the reason why we see congestion in the vessels of the brain in bodies that are drowned; and the congestion is probably an after effect to the interruption of the cerebral functions.

The most characteristic appearance of death from apoplexy is extravasation of blood on the brain, a condition which is rarely seen in the drowned; and probably when it does exist, it may be traced to mechanical violence before submersion, or to the head colliding with hard bodies in falling into the water.

One of the most constant appearances found in post mortems after drowning, is the distended condition of the cavities of the heart with dark blood, which is a positive evidence of death from asphyxia.

The period at which death takes place by drowning is an interesting question, and as it sometimes becomes a medico-legal

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investigation, has to be answered by eliminating all cases of death by syncope, or apoplexy; for in these the circulation and respiration are simultaneously arrested.

How long can a person remain under water without becoming asphyxiated? And at what length of time under submersion may we hope for resuscitation?

The answer to the first depends mainly upon the length of time the person may be able to hold his breath, and this is so different with different persons that the question must necessarily remain undetermined. But it may be safely affirmed that no one can cease breathing for longer than two minutes without becoming asphyxiated. The heart, however, may continue to beat in a feeble manner for several minutes after all other signs of death have become apparent, an instance of which is given above of the pig. This fact made the basis of my hope with the little Mackelhany.

Many cases, on the other hand, are reported where death occurred in one minute and a half after being submerged; and in others as long as ten minutes, or even fifteen minutes after drowning. The woman who was exhibited in London in 1882, who could hold her breath under water for two and a half minutes, is certainly a remarkable exception to the general rule.

The reply to the second question is of practical importance to physicians in their efforts at resuscitation. The insensibility which follows the submersion gives to the body the likeness of death, although under the water but a short time; but this apparent death should not deter us from making every possible effort to restore animation. The longest instance recorded with any claim to authenticity, is one in which a woman is stated to have recovered by prompt treatment after a submersion of twenty minutes. It is, however, my own conviction that no one has ever recovered after the heart has entirely ceased its pulsations.

The treatment of drowned bodies requires first of all a cool and steady head on the part of the attendant. He must not lose his head for a single instant, and he should have at his fingers ends, as it were, all the methods and facilities to cover the case, and his activity and perseverance must do the rest.

Marshall Hall is good authority the world over, and he lays down the following rules, which I will quote without apology, for the reason that we cannot too well know them when the demand is made upon our skill:

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1st. The wet clothing must be removed.

2nd. Wipe the surface dry and cover it with warm flannels.

3rd. Clear the mouth, nostrils and throat of all mucous froth, or of other substances likely to interfere with respiration; pull forward the tongue *and keep it there*, so that it may not fall back and cover the wind pipe. (This, in my opinion, is the most important part of the management.)

4th. Place the body at full length with the face downward, the forehead resting on one arm.

5th. Apply ammonia, aromatic vinegar, snuff, or other stimulants to the nostrils. (This is a uselss step, at least until respiration is partially regained.)

6th. If respiration is not quickly restored spontaneously then the body should be placed upon its back with the head slightly raised. The arms should be carried outward and upward from the chest, raised above the head and held that way for two seconds to induce inspiration; then lowered and brought closely to the sides of the chest so that expiration may be effected. Pressure on the lower end of the sternum aids in the expiratory action. This movement should occupy two seconds. These alternate movements should be persevered in for twelve to fourteen minutes, or until respiration is re-established. When the power of swallowing returns, warm water and brandy may be given, and the patient allowed to sleep. This treatment may be continued for some hours, except in those cases in which the body has been under the water a long time, and is taken out cold and stiff.

I would be pleased if, in the discussion on this case, you would impress me with the length of time my patient was asphyxiated, and with the experience others of the society have had with patients drowned.

For Texas Medical Journal.

SOME OF THE HARDSHIPS OF THE GENERAL PRACTITIONER OF MEDICINE, AND A FEW SUGGESTIONS FOR RELIEF.

President's Address to Austin District Medical Society, Dec. 21, 1893. R. P. Talley, M. D., Temple, retiring President. Referred to Publishing Committee and ordered published.

GENTLEMEN:—As retiring President of your Society, it devolves upon me, in accordance with custom, to deliver an address; and were I to strictly follow custom, I should select

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for my subject "Our Noble Profession," or "The Grand Achievements of Medical Science," or "The Grandeur and Glory of Being a Doctor," or something on that order; but so much has been said on all those subjects, that there remains nothing for me to add; they have been pretty well used up. I have, therefore, struck out on a new line, and with your patient indulgence, I will try to lead you through certain new paths—heretofore untrodden, along which grow not so many or so bright flowers; not so inviting; and I may tell you some things that may not be so pleasant. First. I have something to say about the specialists in medicine and in surgery; and will enumerate here only a few:

1. The eye, ear, nose and throat *specialist.*
2. The gynecologist *specialist.*
3. The railway surgeon *specialist.*
4. Whisky, opium, etc., *specialist.*
5. Dentist, or oral surgeon *specialist.*
6. Orificial surgeon *specialist.*
7. The Arkansas Hot Spring *specialist.*
8. The self-constituted midwives, and on down the line to the street medicine man, the Christian science doctors, the pile doctors, the Keeley's, etc., about whom and which I shall have nothing to say on this occasion.

Now, perhaps any one belonging to any of these classes would, at first thought, earnestly and honestly object to being considered a hardship on the work of the general practitioner of medicine. But I want to see the general practitioner of much experience who will not agree substantially with me. Let me here insist that I am a full believer in the importance of good specialists in all the subdivisions of the whole range of scientific medicine. But I want the specialist in the specialist's place only. It is a serious hardship on the family physician to have, for instance, the oculist to treat any eye trouble, from a singed eye lash up to the most difficult operations known to the science of surgery, or the gynecologist to stitch up insignificant lacerations of the cervix uteri, or perineum, at from one to one hundred dollars a stitch—lacerations that the family physician regarded properly as ten times less trouble and danger to life and health than the surgical treatment adopted by the specialist. Of course, all calling themselves specialists are not guilty to such an extent; but it is a well know fact that too many are, and of even greater. It is hard enough on the gen-

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eral practitioner when the specialist does only such practice as properly requires the skill of a specialist; but when they set up as specialists, and then try to ride this "ad." into the practice of the whole science of medicine as some of them do, it is, in my judgment, not quite fair. They get an "ad." on the word "specialist," and then comes the reputation—the notoriety—as a specialist; and then comes the practice too, it may be, a magnificent display office, where they are at ease and comfortable, with regular meals, plenty of sleep, snugly protected from foul weather, and the fearful dangers of all sorts of contagious diseases common to general practitioners. So we see this reputation on the word specialist is something not to be dispised by every one. But for me, let me parody Madame Roland by exclaiming "Reputation, Oh! reputation, how many crimes are committed in thy name."

Some of the most noted specialists are so anxious to do poor humanity good (charity of course beginning at home), that they are willing to, and even advocate taking into the medical fold all the medical isms and pathies of the age, ostensibly for humanity's sake, but in fact, to get more grinding for the specialty mill. In a great measure, it is the office and duty of the family physician to prescribe or proscribe the specialist just as he would a dose of calomel, or a visit across the sea. In fact, it is my opinion that the family physician does not advise his patients, as a rule, as much as he should, as to the proper beginning and ending of the functions of the ordinary specialist. It becomes his moral, as well as his professional duty, to advise his patients not to go to a specialist with every frivolous trouble, and thereby save time, money, trouble, etc. I want it well understood that I am not criticising the specialists of soul and brain. The specialist proper is a general practitioner *plus* the capacity as a specialist, and knows where the functions of his work as such, begin and end. On one occasion while Prof. Roosa, of New York, was lecturing on diseases of the eye, "a case" was sent in by his assistant as clinical material. The professor gave an examination and announced to the class that the case was not one of diseased eyes, but one of diseased kidneys—a case of Bright's disease. The next lecture was by Prof. Loomis, on diseases of the heart. His assistant sent in as clinical material the same case. Prof. Loomis examined the case carefully before the same class Prof. Roosa had just lectured to, and made the very same diagnosis without knowing anything of what had just been de-

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cided by the preceding lecturer. He was even so astonished when the class of about six hundred students set up a deafening cheer that he stopped his lecture and made inquiry, as he said, "what have I said that is so funny?" Of course this accident, as it were, gave and thoroughly impressed an important lesson. But these men were not embyro specialists, or specialists from a commercial standpoint, but specialists for the good of science.

What has been said in regard to the eye, ear, nose and throat specialist will apply substantially to the majority of other specialists, except perhaps the railway surgeon specialist. This is comparatively a new specialty, but is growing in all directions remarkably rapidly. This class now has a National, several State and local organizations, from which all doctors are excluded who do not hold an appointment, either directly or indirectly by some railway corporation. These organizations are perhaps all right morally, financially, and according to the laws of the land, but nevertheless, a hardship on the general practitioner. I will here mention one as an illustration—one with which I am somewhat painfully acquainted. But let it be known that it is not the organization, abstractly speaking, to which I make exceptions, but the *manner* of the backing it gets. I refer to "The ———————————————, which has just lately been organized out of the physicians holding official positions with the Gulf, Colorado & Santa Fe Railway Company. This company has what is known as the Gulf, Colorado & Santa Fe Railway Company Hospital Association, which is supported by a monthly tax upon all the employes of the company, and is ostensibly controlled by a board of five trustees, but in fact, is under the absolute power of the company, indirectly through its superintendent. This Hospital Association is a chartered institution, but chartered in such terms and way as to require that the superintendent, attorney and surgeon of the company shall be members of the board of trustees; the members have some say as to who shall be the other two members of the board, thus the company makes the majority of the board of trustees, and hence controls in fact, the Hospital Association, notwithstanding any objections the members—those are taxed to support it—may at any time urge. So we see that the essential and important office ot the chief surgeon of this Hospital Association is the office as chief surgeon of the railway company. Therefore it is easy to see that the chief surgeon of the Hospital Association is, in fact,

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of, and for the railway company, and indirectly for those who are "taxed without representation" to support as may seem the interest of the company. We see the advantage ground the chief surgeon of *these* institutions has, backed as he is, and created by a powerful financial corporation which is, in fact, his patient for first consideration. I may mention here, that these chief surgeons have their "subs" "all along the line," and out of these comes the material for these organizations of railroad doctors.

Now let us grant that thus far we have not made any serious charges against the chief surgeons and their satelites as affecting materially the welfare of the general practitioner of medicine. And we would have no grounds for doing so, and would be the last to even try to, if these fellows would stick strictly to their specialty—practice for the railroad companies and their employes. But such is not the case; especially with the chief surgeons and some of their subs. For instance, the surgeon in chief of the G. C. & S. Ry. Co., who is also chief surgeon of the G. C. & S. F. Ry. Co. Hospital Association, has his assistant of his own creation, both of whom get a handsome salary of—it is hard to find out just how much—to do the practice for the hospital of this association and the employes living in the same town, who get sick or otherwise disabled strictly in the line of, and on duty as such. Thus it is seen that these surgeons are not required to do any and all practice for the employes and look to the association for the pay. Now here is the "rub:"

1. These surgeons are backed by a powerful financial corporation.

2. They get a handsome salary for a fraction of their professional time.

3. They are not required to give their whole time and energies to their specialty.

4. Out of all they get a big "ad." by which they step from the practice from the employes to their families and friends, as well as to the practice for the employer not allowed under the rules of the Hospital Association.

This is all very nice and desirable for the railroad doctors, but I think it is a devil of a hardship on the "other fellows."

I would say something about the Arkansas Hot Springs specialist, but we all already know him too well. His virtues as such are advertised on every telegraph pole, hog pen, etc., throughout the entire country. Unless we can make people understand that water can be made as hot in Texas as it can in

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Arkansas, our patients will continue to slip out and pay ten times as much for their troubles as if they would try in any sort of good faith their family physicians.

Now, I have rambled enough about the specialist; and in doing so I mean no harm or disrespect to any one or class, but simply to mention what I think are causes of trouble, that we may thereby perhaps do better.

Now, I want to say something about what I conceive to be the greatest of all the hardships with which the practitioner of medicine has to contend, to-wit: The excess in the number of legally constituted doctors of medicine, and their general deficiency in qualification.

In regard to number, I will mention my own locality, taking it for granted that doctors, as to quantity, are like water, i. e., seek their own level. In my town, of something less than six thousand inhabitants, we have twenty-two doctors, and in the country around, there are twenty-four more within ten miles. Some authority has estimated that in the army, in time of war, one physician can serve five hundred soldiers, and that in civil life one thousand and five hundred patrons are required to support one general practitioner. According to this estimate, in my town we have eighteen out of twenty-two doctors to spare, and if we cannot get rid of this excess, somebody is hurt. This excess in number leads to all manner of "sharp work" to get practice. Such a crowded population of doctors reminds me of a crowded population of poor people, where we find the hot-beds of all sorts of pernicious diseases, moral as well as physical. Why, in too many localities our doctors are crowded, as well as illy bred as doctors, until the slime of local rivalry rises mountain high. If some local brother steps a little aside from what some other local brother thinks is ethical, he forthwith gets all sort of infamy heaped upon his professional head. Who ever heard of two or three doctors getting together, singing a song and praying for some professional sinner, who had perhaps even sinned without knowing it. There is only one occasion when doctors may get together and sing and pray for one another, to-wit: When one dies, they can sometimes meet around his grave, and say amen, and then pass resolutions of condolence with a prayerful and perfect unanimity.

The proverb that "good articles are always put up in small quantities," seems to apply to doctors of medicine as well as to anything else. If good doctors in this country are not put up in

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small quantities, I fail to understand properly the subject. And what is still worse, they are put up in such small quantities that our mongrel, miserable, mixed population fails to recognize or care for the difference in the good or the worthless. In this country a doctor is a doctor, and equal to any other doctor, especially if a specialist,—no difference as to ism or pathy or education. Strange it is that our so-called best people will patronize the miserable, low-down, itinerating street quack doctor, even sometimes clandestinely through an ignorant servant, or otherwise, if pressed for a chance, instead of trusting to any one who has spent a lifetime to try to know something in fact about the science of medicine. I could mention two senators now in the Congress of the United States who have sent, or allowed members of their families to go across the country (the United States) to consult a specialist in the Christian faith for their real, or it may be, their supposed fleshly ills. This condition of things is well calculated to make a man sick, who has spent his whole life in the study of medicine. If you please, where is the foundation upon which to build an energy and ambition to become a physician in the true meaning of the term?

For many years I have not advised a young man to undertake the study of medicine as a profession unless I thought he had three special qualifications, to-wit: (1) a good moral constitution, (2) a good brain, and (3) prospectively in such financial circumstances as to enable him to live independent of any income from his professional work. One of the best physicians I have ever known owned several thousand dollars worth of laboratory outfit, etc., for the study of medicine, and was at the same time independent and indifferent as to any money income from his professional services. That plenty of financial income for our professional services is an all important motor power, there is no sort of doubt; but if we have to have it, we are too often painfully left, and hence physicians, like other men, when about to drown "catch at straws," and do many other little things, which I believe belong, as a rule, under the wings of the angels of charity, instead of being spit out in a spiteful manner by those who glory in the spirit of who can *least* work and *least* agree.

Now, I am not ambitious to become a faith-breaker in changing the rule of these presidential addresses from all glory! glory! and hallelujah! by taking part at the dark side of the physician's life. I fully believe that I am substantially correct in what I have said on this subject. As to the causes of all this trouble,

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I have not the time, and am not prepared to enter into much discussion or investigation. It seems to me that in enumerating the facts, the causes are indicated all along the line. To be charitable and just, I cannot believe that premeditated meanness and viciousness in human nature have had, comparatively, much to do in causing the common hardships of the general practitioner of medicine. It seems to me that the words, *want of education*, will cover all the causes, and the words *higher education* suggest the only relief to be hoped for. Higher medical education has always been warmly advocated by everybody having any knowledge of the subject. This has done great good, no doubt. By higher and still higher medical education, the medical mills cannot grind just any ignoramus into a full-grown, legally-authorized doctor of medicine; thereby decreasing the quantity and improving the quality of the profession of medicine, which is all well enough so far as it goes. But this is not all the education needed to help the doctors. The people, especially in our form of political government, must also have a higher education,—an education by which they may know and also appreciate an educated physician.

Gentlemen, for your kindness and patience to hear this, my dark-sided picture of professional life, and for allowing me to serve you as your President, I thank you.

For Texas Medical Journal.

SPECIFIC REMEDIES IN INFECTIOUS DISEASES.

(Translated from Berliner Klinische Wochenschrift, Nov. 27, 1893.)

ALMOST from the very moment that the bacteriological methods of investigation proved the participation of specific micro-organisms in the production of infectious diseases, dates the attempt to meet these producers of disease by specific remedies. The hope to destroy the bacillus of typhoid fever or the pneumococcus by "internal asepsis," has not been materialized up to the present. Much more promising appeared the attempt to introduce into the system the products of the microbe, imitating the natural processes of recovery, so as to kill the parasites by their own poisons. Experiments on animals gave many reasons to expect good from such a rational method. It even appeared possible that the highest aim of therapeutics, a reliable prophylaxis, could be finally obtained, as a variety of facts

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brought out the feasibility of immunization against certain bacterial poisons. These experiments have been conducted up to date in two different directions. The simplest way seemed to be to use the poisonous bacterial substance itself as the remedy, injecting certain quantities of living or dead cultures into the body, with the view, either to heal the sick by destroying the immigrated bacteria, or to immunize the system of the healthy against them before their invasion. More complicated, but more in conformity with the natural processes was the method to use the blood-serum of immunized animals for both purposes, a method which is foremost represented by Behring's known experiments with the serum of diphtheritic animals. It is for our present purpose, immaterial whether the success of this method is explained by the influence of specific auto-poisons, or whether it is ascribed to an increased energy of the tissues, caused by specific irritating substances.

The intention of these remarks is to say a few words about the influence of the bacteria themselves, and their derivatives, excluding consideration of the healing serum.

Practical attention to this form of anti-parasitical treatment was inaugurated by Koch's discovery, that certain derivates of the bacillus tuberculosis, when introduced into the diseased system, will produce a general fever, as well as a local effect—namely, increased inflammation. This observation was broadened, and the apparent specific effect was made so much more plausible, as it was found that a body could be extracted from the tuberculin that would produce the local effect without any general pyrogenic symptoms. However, further researches in this very direction, weakened the assumption of such specific influences considerably. Roemer and Buchner were the first to show that those very effects were common to other bacterial proteins of entirely different origin. It was even found that the effect attributed to the tuberculin was not at all a specific feature of proteins—that altogether different chemical substances are just as well able to produce similar, more or less intensive processes. Liebreich proved it for cantharidin, Von Mosetig for tenkrin, Von Hebra for sulfallyl-urea, and a recently published paper by Spiegler, reports a large number of such substances like thiophen, benzol, aceton, tanrin, propylamin and others, of which the ones containing amin, have an exceptionally strong influence. Concededly, the practical therapeutic side of the question has lost a good deal of interest.

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Of greater importance seem to be the results recently obtained in the studies of typhoid fever. E. Fraenkel, of Hamburg, was the first to use hypodermic injections of sterilized thymus-bouillon cultures of the typhoid bacillus on man, prompted by the experiments of Brieger, Kitasato and Wassermann on animals. The effect was surprisingly good. On the third day of treatment the temperature fell; from the start the continuous fever became remittent, and in a very short time full apyrexia and convalescence set in. This excellent result was apparently a splendid proof of the value of specific treatment, and, no doubt, it would have been used as a strong argument in favor of this method, had not a contemporary report by Rumpf changed the situation altogether. Rumpf obtained the very same favorable results, not from injections of the typhoid fever bacillus culture, but from those of the pyocyanic bacillus; whilst, it is true, streptococcus bouillon was a failure. He, too, was unmistakably successful, and insists that no other treatment ever proved so efficacious. In fact, a cutting short of the disease to from six to eight days hardly admits a doubt of the injections being the real cause of the brilliant cures. Indeed, it speaks against the specific effect of Fraenkel's treatment. Buchner concludes from his experiments that there is no autotoxic influence to be surmised, nor immunization; that rather by certain chemical substances an increased reaction of the diseased tissues is caused (perhaps by chemotaxis of the leucocytes), which process he calls an energetic mobilization of all available forces of the organism. It may be added that, according to Buchner's statement, the thymus extract by itself acts chemo-tactically on leucocytes, and thus causes fever.

Still more of a basis in the study of the effects of different bacterial products have we lately gained by the researches in cholera. As known, the differentiation of the cholera bacillus is partially based upon the results of experimental infection of animals. Intraperitoneal injections of certain quantities of a culture will kill guinea pigs, with more or less of the picture of Asiatic cholera. The discovery of Klein, corroborated by Sobernheim, that altogether different species of bacteria (the proteus vulgaris, the prodigiosus, the coli communis, the Finkler's, the hay fever and typhoid fever bacillus) produce exactly the same symptom—complex, caused not a little consternation. Sobernheim states that not only the symptoms, but even the

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post-mortem findings were exactly the same as after injection of the cholera bacillus culture.

But still more important are the results of the researches of the last named experimenters in regard to the much ventilated question of immunizing inoculations against cholera. It has been found that animals which had been inoculated with the different named bacilli, or their heated cultures, became just as immune against cholera infection as if they had been inoculated with the cholera bacillus itself. From such facts, it must be concluded that neither the morbid symptoms in animals after intraperitoneal injections of the cholera bacillus, nor the immunity following them, are of any specific nature, and that rather the effects of the products of certain very different bacteria are identical.

Current Medical Literature.

DEPARTMENT OF PRACTICE OF MEDICINE.

EDITED BY PROF. ALLEN J. SMITH, M. D., GALVESTON,
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PREVENTIVE INOCULATIONS AGAINST HYDROPHOBIA AT THE CHICAGO PASTEUR INSTITUTE.—Dr. A. Lagorio, Director of the Chicago Pasteur Institute (*St. Louis Clinique*, Dec., 1893), gives the following as the results attained at the Institute since its inauguration on the second of July, 1890: Three hundred and two cases have been treated to date. Of these one hundred and four were individuals bitten by animals fully ascertained to have been rabid by laboratory experiments, or by the death of other persons or animals bitten; one hundred and twenty-six were bitten by animals recognized as mad by the symptoms shown during life; seventy-two were bitten by animals strongly suspected as being rabid. Two hundred and eighty-two were bitten by dogs; seven by horses; seven by cats; three by skunks; two by wolves; one by a mule. The patients were distributed as follows among the different States: One hundred and eighty-five from Illinois; thirty-two from Iowa; twenty-three from Indiana; twenty-one from Kansas; nine from Ohio; five from Missouri; five from Arizona; four from Minnesota; four from Michigan; four

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from Louisiana; two from Texas; one each from Wisconsin and South Dakota.

Only one death (0.33 per cent) is known to have occurred among these patients.

THE DIAZO-REACTION OF EHRLICH.—(*N. Y. Med. Jour.*, Dec. 23, 1893.) Dr. Julius Friedenwald, of Baltimore, has recently published the records of a large number of examinations of the urine in cases of typhoid fever for the diazo-reaction of Ehrlich. Ehrlich, in announcing this test, claimed for it marked diagnostic value in case of typhoid fever; that it is most commonly obtained from the middle of the first week of illness; that when it is missing, the diagnosis of typhoid fever is doubtful; that where it is slightly shown the cases are usually very mild; that when the reaction is met in cases of pulmonary phthisis it is of very grave prognostic significance; that it is sometimes, but rarely, met in cases of measles, miliary tuberculosis, piæmia, scarlet fever, and erysipelas; that in all non-febrile diseases as chlorosis, hydræmia, diabetes, brain-, spinal-, liver- or kidney-disease, the reaction is never obtained. Friedenwald holds that where the conclusions of Ehrlich have been contradicted by authors who claim the failure of value in the reaction because of its occurrence in a variety of febrile and non-febrile diseases, that it has not been properly performed. For himself he concludes that (1) the reaction is of great diagnostic value in typhoid fever; (2) if the case shows a slight or no reaction between the fifth and eighth days of illness, other appearances pointing to typhoid fever, it can be looked upon at once as an exceedingly light form and the prognosis accordingly made; (3) gastro-intestinal catarrhs accompanied by fever never show the reaction; (4) very marked and persistent reactions may occur in mild cases of typhoid and do not justify a bad prognosis; (5) reactions appearing continuously (for several months) in cases of phthisis pulmonalis always indicates a grave prognosis.

The reagent is made up as follows: (*a*) Two grammes of sulphanilic acid; 50 c. c. of hydrochloric acid; 1000 e. c. of distilled water; (*b*) A one-half of one per cent solution of sodium nitrite ($NaNO_2$). Fifty parts of *a* and one part of *b* are mixed, and equal parts of this reagent and of urine are placed in a test-tube and saturated with ammonia. Where the reaction is positive a carmine-red color is assured, which must also be visible in the foam. The reaction is based on the formation of diazo-sul-

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phobenzol by the action of the nitrous acid on sulphanilic acid. This acting on certain aromatic bodies in the urine produces the aniline colors on which the recognition of the reaction depends. A paper on the same subject also strongly supporting the claim for the value of this test in the diagnosis of typhoid fever is published by Prof. C. L. Greene, of the University of Minnesota (*Northwestern Lancet*, Jan. 1, 1894).

NEUROSIS FOLLOWING ENTERIC FEVER.--Dr. William Osler, of Baltimore (*Amer. Jour. of Med. and Science*, January, 1894), publishes under this caption the records of several cases of what has been previously described under the name of "typhoid spine," a painful condition of the back following attacks of typhoid fever, and regarded by many authorities as evidence of a spondylitis or perispondylitis of the vertebræ. In all the cases mentioned by Osler there appeared a more or less pronounced condition of neurasthenia, and the writer is disposed to regard the painful condition as a neurotic manifestation analogous to the well-known "hysterical spine." He admits the possibility, however, of existence in some cases of actual structural foundation, which might be of the nature of a periostitis, such as occurs not very rarely about the sternum and ribs; or it might possibly be the outcome of actual disease of the cord.

THE TREATMENT OF PHTHISIS.—(*N. Y. Med. Record*, Dec. 23, 1803.) There has recently appeared from the pen of Dr. C. E. Hershey, C. E., of Denver, Col., an excellent article upon the treatment of consumption. The tone of the paper is iconoclastic, but nevertheless the substance is highly credible and most applicable at the present time of therapeutic vagrancy. The author names some of the most lauded measures suggested for the cure of pulmonary phthisis within the past decade,—inhalation of compressed air, inhalation of hot air, Bergeon's rectal injections of sulphuretted hydrogen gas, Koch's tuberculin, the much advertised chemical cure from Ohio,—and holds forth as the results of their employment—little or nothing! He insists on the futility and fallacy of the polypharmacy practiced so often and so persistently in these cases; the destruction of the integrity of the gastric function by pushing this, that and the other drug to its tolerance; the irritation of the lungs by various inhalations hoped to be curative; now a dose of quinine, now of acetanilide; phenacetine or antipyrine; presently a night-cap of opium or

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belladonna, or both; the almost unbroken exclusion of the patient from good, pure, fresh air—and after all this what may be expected but consumption? He insists on the only reasonable treatment—exercise, diet, fresh air, attendance upon the integrity of the functions of the body. Patients coming to such a climate as Colorado do well in proportion as they have not been subjects of the hap-hazzard present-day dosage by their physicians. Dr. Mershey indicates the meaning of this statement in a tabular way from his own experience: Of 92 cases coming under his notice after two to five years active treatment by the ordinary methods of the day, over 66 per cent have proved fatal; of 90 treated from one to two years, more than 35 per cent have been fatal; of 41 treated from three months to a year, nearly 20 per cent have proved fatal; while of 97 having had no previous treatment, a little more than 5 per cent only have proved fatal. "No cure has as yet been accomplished by attempts to destroy tubercle bacilli, and there is every reason to believe that much harm may be done by taking away the excellent advantages afforded by nature to eradicate the disease." He quotes Alonzo Clark's treatment as surpassing in excellence: "Consumption may be cured in its early stages. Horse-back exercise, twenty-five miles daily; one to one and a half quarts of milk, with half a pint of cream daily; rare beef; friction to surface of body night and morning; peaches; in case of poor appetite, a teaspoonful of tr. gentian co. in a good sherry wine three times daily; and in case of severe cough, spray the throat with glycerine and water, a grain of opium to the ounce." The entire article is timely and sensible, and loses much by being abstracted.

Hot Water in Acute Alcoholism.—Burson (*North American Practitioner*, April, 1893) presents a series of eight cases of acute alcoholism treated by the administration of hot water in cupful doses, every hour, or more or less frequently. They were all males, and all gave a history of habitual alcoholism. One case was complicated with contusions; one with a fracture of the tibia; two with pneumonia; one with la grippe, and one with a traumatic hæmothorax. One had been given bromide of potass. (30 gr.) and choral (15 gr.) every hour for twenty-four hours, and one bromide (30 gr.) alone for five hours, with little sedative effect; and another had been given small amounts of whisky for three days without appreciable influence. All were confined to bed; some were restrained forcibly, and all received

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a cupful of hot milk every two hours as nourishment. The delirium averaged from two to three days after the treatment had been started, improvement beginning shortly after the beginning of the treatment. The author holds hot water to be decidedly indicated to relieve the inflammation of the gastric mucus membrane; to wash away the mucus covering it; to increase the inter-arterial blood pressure, and diminish the cardiac rate which have both been modified by the alcohol, as well as to quiet the nervous system and soothe the kidneys. It is also of great aid in removing the alcohol present, mixture being readily formed between warm water and alcohol.

DISINFECTION IN AN EPIDEMIC OF PNEUMONIA.—Dr. Jerome Cochran, health officer of the State of Alabama (*Alabama Medical and Surgical Age*, November, 1893), states that at the prison at Pratt's Mines, Alabama, known as prison No. 2, there recently occurred an epidemic of well-marked pneumonia, strictly confined to this prison, no cases appearing in another prison building (Prison No. 1), about one mile distant, or in Pratt City, two miles away. In prison No. 2 there was a population of about six hundred persons. The epidemic began in February last with three cases; in April there were 22 cases; in May 65 cases, distributed as follows: First week, 14 cases; second week, 31 cases; third week, 13 cases; the remainder of the month, 7 cases, ending the epidemic. In all there were 93 cases; the total number of deaths were 30. From its marked prevalence in this detached community it was readily recognized as a distinct infectious disease, and efforts toward disinfection were begun on the last day of the second week in May (the height of the epidemic). The prison consisted of three sections. While one section was being disinfected, the convicts were crowded into the other two sections. Then the mattresses were removed from the bunks, as well as the blankets and mattress cases, and thrown about the floor. After this, by a force pump and long hose, the ceiling, walls and floors, with their contents, were flooded with a 1-1000 solution of bichloride of mercury, until it stood in puddles and ran in rivulets over the floors. The bedding was wetted as thoroughly as possible, then, for fear of non-penetration by the mercurial solution, it was placed in steam chambers and steamed for six hours, then dried. The wards had, by this time, been thoroughly scrubbed, white-washed and dried; and the convicts, after having taken a bath, and put on

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clean clothes, were returned. The same measures were then carried out in the other sections. As the cases arose, of course they were removed from the sections and isolated for treatment. In the same journal Dr. P. M. Cunningham refers to the same epidemic (*Report of Tri-State Medical Society Transactions*), in whose paper it is stated that the morbility of this epidemic was especially marked among negroes, perhaps twice the number of blacks becoming affected as of whites.

THE TREATMENT OF TETANUS.—Dr. George H. Lee, of Galveston (*New Orleans Medical and Surgical Journal*, July, 1893), has lately contributed an interesting article upon the influence of eserine in the treatment of tetanus, detailing five cases, in four of which recovery followed the employment of this agent. Dr. Lee indicates the following line of treatment: (1) The focus of bacterial growth, in which the active toxic agents are being developed, is to be removed or destroyed. Where amputation is conservatively possible, it should be performed to get rid of this focus; otherwise the thorough curetting of the sore, or the free incision into inflamed or suppurating foci, with application of germicides, is indicated. Of the antiseptics, bichloride of mercury, iodol, iodoform and aristol, as well as others, have been suggested. The writer suggests the possible value of peroxide of hydrogen, because of the well known anaerobic character of the tetanus micro-organisms. He has, however, used in all his cases, and with no bad effects, free applications of bichloride of mercury. (2) The effects of the toxines upon the general system must be met by antidotes whose physiological effects counteract the symptoms produced by the poisons, just as a case of strychnine or other poisoning would be treated. In the search for such an antidote Dr. Lee reasons that from the congestive and other changes found at autopsy, in the spinal cord and medulla, in cases of tetanus, it is to be supposed that the tonic convulsions of the disease are the result of rapidly-repeated nerve waves originating in an exalted irritability of the reflex centres of these parts. There is no evidence that direct action of the toxines upon the muscular system has any influence in inducing these contractions. The desired antidote is therefore to be sought among the spinal depressants; and chloral, the bromides and the opiates are well known to have acted favorably in many instances. Chloral and the bromides, however, lose some of their value from their cerebral influences, in that they may in-

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duce comatose conditions in which there is likelihood of interference with nutrition; and opium is objectionable in this or that case, if not in all, because of its interference with secretion and excretion. In Dr. Lee's opinion physostigma affords the most satifactory antidode to the poison of tetanus, particularly its alkaloid eserine. This alkaloid he would give hypodermically in doses of one-twentieth of a grain every four hours, gradually but quickly increasing to one-sixth of a grain, or until the jaws are relaxed and the patient is resting easily. The author records one case among those forming the basis of his paper, in which the drug was badly borne, convulsions invariably following its administration. This untoward result he would attribute either to a personal indiosyncrasy of his patient, to possible impurity of the drug, or to a possible paralysis of the inhibitory centres of the cord. As a rule, however, the effect of the drug was only a favorable one in the writer's experience, evident to the patient as well as to the attendants and the physician. (3) The removal of all possibility of external irritation from noise, light, draughts, etc. (4) The maintenance of nutrition by concentrated fluid food, peptonized milk, meat juice, beef and chicken broths, with whisky or brandy, as indicated. These should be given in full amounts, at regular intervals, by the mouth, or by enemata for short times, to bridge over crises.

For Texas Medical Journal.

DEPARTMENT OF THERAPEUTICS.

EDITED BY DAVID CERNA, M. D., PH. D.,
Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc.

THE THERAPEUTIC USES OF EXALGIN.—E. G. Porter (*Bull. Génér. de Thérapeutique-Therapeutic Gazette*, December 15, 1893) reports three cases in which exalgin proved serviceable in the treatment of neuralgic pain of functional nature. These good results led the observer to try exalgin in cases of mental disease, associated with subjective symptoms similar to those of neuralgic disorders. He details five cases of mental disease in which the drug gave highly satisfactory results. The use of the remedy in these cases was mainly empirical, the author offering no explanation as to the manner in which exalgin acts. He employed the medicament particularly in those hopeless cases characterized by

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melancholia, accompanied with marked headache and insomnia. The mental state was not ameliorated, but in every case, however, exalgin relieved the two latter symptoms,—that is, the headache and the insomnia. The drug never produced untoward effects, although the writer never gave it in larger doses than two grains every four hours. Generally he administered it in repeated doses of one grain each, a method that was sufficient to produce the desired effect.

A NEW REMEDY IN THE TREATMENT OF EPILEPSY.—At a recent meeting of the Medical Society of the county of New York, Paul Gibier presented a second contribution to the treatment of epilepsy by injections of a nervous (cerebral) extract, his first paper having been read about a year ago. Since then he had continued his observations upon the old cases, and had added new ones. The new ones, which had been markedly improved under the new agent, were about nine in number, of which he read a brief history. Four others, which had been submitted to the treatment, had not done any better than they had formerly done under bromides, and therefore the treatment was discontinued. Of the older cases he continued the history of two, both of which had been under treatment about eighteen months, the improvement, very striking in one, having persisted as long as the injections were kept up. Most of the cases gave a history of grand mal existing several years or from infancy, and in all, excepting the four already mentioned, the improvement had been marked, the grand mal, as a rule, having been converted into petit mal, the attacks appearing at longer intervals, the bodily and mental condition also showing improvement. Regarding the mode of action of the remedy, Gibier believes that, theoretically, one might suppose the nervous substance, which was injected, supplied a want in the nervous centres from which the epileptic attacks started, and enabled them to resist the discharge. Of course, as long as we remained ignorant of the nature of essential epilepsy, any explanation of a remedy would be only hypothetical.—*Medical Record, January 13, 1894.*

THE TREATMENT OF CONVULSIVE ATTACKS BY ANÆSTHETICS.—In the *Medical Record* or October 31, 1893, W. S. Magill described what he termed a "new and rapid method of anæsthesia," which consists principally in the administration of ethyl bromide first, this being continued by that of chloroform. In a

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later note (*Medical Record*, January 13, 1894) Magill invites attention to the utility of this combined process of anæsthesia for the abortive treatment of convulsive attacks in eclampsia, epilepsy and hysteria. The rapid action of the ethyl bromide-abolition of reflex action in thirty to sixty seconds, serves frequently to abort completely the oonvulsion; and in case of persistence of the tendency to convulsions (subintrans), the continuance of anæsthesia with chloroform prolongs the therapeutical action *ad lib.* Theoretically the stimulus of the salivary and sudoral glands (organs of elimination), exercised by the inhalation of ethyl bromide, should be particularly useful in eclampsia and other convulsions of toxic origin.

COCAINE WAKEFULNESS.—An interesting case of wakefulness by cocaine is reported by J. W. Stickler (*Medical Record*, January 13, 1894). The awakening effect of cocaine was not overcome by comparatively large doses of chloral and opium, as will be seen in the following instance: For the pain of toothache a patient took into his mouth nine grains of cocaine in solution, a small portion at a time, holding it till the accumulation of salvia became so abundant that he had to spit it out. He began using the cocaine in this manner at 5 p. m., and did not cease till 10.22 p. m. the same evening. As it was then bed time he thought he would make sleep certain by taking twenty grains of chloral. Immediately after taking the latter drug he took into his mouth some more cocaine and went to bed. He "swashed" the cocaine solution about in his mouth awhile, then spat it out, turned on his side and tried to go to sleep. Sleep, however, did not come; on the contrary, he did not even become drowsy. Having lain awake till midnight, and not feeling sleepy at that hour, he took, as nearly as he could tell, about *one teaspoonful* of laudanum. He went to bed again and remained awake till 3 o'clock. Sleep lasted only two hours. Following this there was headache.

BROWN SEQUARD'S FLUID IN SKIN AFFECTIONS.—Monnet (quoted by Brocq in *Jour. of Cutan. and Gener. Urin. Dis.*) has tried injections of testicular juice in a young girl of nervous temperament, affected with symmetrical leucodermia of the trunk and lower extremities. Three cubic centimeters were injected morning and evening for six weeks. The general condition improved and the discoloration became gradually less, and at the end of three months the disease had almost entirely disappeared.

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Monnet has tried the same method in other skin affections, including three cases of ichthyosis, fourteen of neurotic eczema, several of "trophoneurotic erythema," and several of bullous and vesicular eruptions in the subjects of hemiplegia and general paralysis. Monnet explains the effect of the remedy in cutaneous trophoneurosis by its action on the nervous system, which is the source of the trouble. He thinks that injections of cerebrine would be more effectual in these cases. Brocq, while carefully avoiding committing himself on the subject, "cannot deny that the ideas on which rest the attempts of Monnet are both logical and perfectly rational.

TUBERCULIN TREATMENT IN EGYPT.—According to the *Brit. Med. Journal*, Schiess and Kartulis give results of treatment with tuberculin in forty-eight tuberculous patients. They find that in the Egyptian climate the treatment is harmless if commenced with small doses, and that even patients with advanced phthisis may be treated by this method. They have compared their cases with others in which, though tuberculin was not used, the other conditions were the same. Their conclusions are in favor of the use of tuberculin; by its aid, they say, commencing pulmonary tuberculosis gets well certainly, and in a few months, while advanced cases may also recover, although more slowly. Very severe cases, with vomicæ, hectic fever and night sweats, are unsuitable for this treatment. Scrofuloderma got well more quickly than lupus, and tuberculin was also found useful in certain tuberculous affections of the joints and bones, in combination with surgical treatment. The Egyptian climate is, they think, especially suitable for the tuberculin treatment.

BORIC ACID IN TYPHOID FEVER.—The *Union Médicale* for November 7th gives a resumé of an article by Dr. L. Tortchinsky, published in the *Gazeite Hebdomadaire de Bordeaux*. The author used boric acid in two hundred and forty cases of typhoid fever in the course of an epidemic, and reports excellent results; only nine patients died, and they succumbed during the period of convalescence because they got out too soon or committed errors in diet. The two hundred and thirty-one other patients made a rapid and complete recovery. In all the cases the patients were given a dose of castor oil with from five to ten drops of oil of turpentine. After this mixture had operated the administration of boric acid was begun, the remedy being given

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internally, either in powder or in solution, in doses ranging from twelve to fifteen grains for an adult three or four times a day. When there was bronchitis the boric acid was associated with expectorants and with hydrochloric acid. As a general rule, at the end of from three to five days the fever and the diarrhœa underwent a noteworthy diminution, the tympanities disappeared, the dejecta lost their odor and became normal in appearance, the urine became abundant and in every way normal, the tongue and skin grew moist and the general condition was good. As soon as the amelioration was well marked the use of the acid was discontinued and tonics were ordered. Under the influence of this treatment the disease followed a favorable course, its duration was somewhat diminished, and complications were very rare. The most decided effects were obtained in cases treated early. The author has found that the effects of the boric acid treatment may be increased by combining with that drug small doses of acetanilide, quinine, naphtaline, or salol. The mixture with quinine is especially useful in the stages of the fever, when there are ataxia, delirium, and other cerebral symptoms; it is useful, also, in cases of relapse. The author has never observed any harmful effect from the use of boric acid. He has also produced satisfactory results with this acid in the treatment of the summer diarrhœa of children.—*N. Y. Med. Journal*, Dec. 16, 1893.

DEPARTMENT OF SURGERY.

EDITED BY PROF. J. E. THOMPSON, M. D.,
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GURLT (BERLIN). STATISTICS RELATIVE TO ANÆSTHESIA. (*Revue de Chirugie, Nov., 1893, page 953, Congres Allemand.*) A resumé of this subject, which the author has studied for two years, shows the following conclusions:

1. That pental is a dangerous anæsthetic, and ought not to be used (3 deaths in 597 cases).

2. Out of 133,729 cases where chloroform was given, 46 deaths occurred (i. e., 1 in 2,907).

3. Out of 14,646 cases where ether was administered, no deaths. Also no deaths after the A. C. E. mixture. Ether, therefore, appears to be the anæsthetic of choice.

In the discussion which followed, Koenig supported chloro-

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form, which he had given in 7,000 cases without a death. He admitted that accidents were sufficiently common, but could be met by Mass's procedure of cardiac massage, which consists in energetic and rythmic blows over the heart (cardiac massage).

Küster preferred ether, and said that it was only contra-indicated in two sets of cases:

1. Where there is pulmonary mischief.
2. Where the operation is on the mouth or nose, and it cannot be efficiently administered.

F. KRAUSE (ALTONA). TRANSPLANTATION OF LARGE CUTANEOUS FLAPS WITHOUT PEDICLES. *Loc Cit.* The author prefers free flaps comprising the whole thickness of the skin, but no subcutaneous tissue. He has been very successful by this method in curing extensive ulcers of the face and leg. Out of more than one hundred flaps which he employed in twenty-four autoplastics, gangrene occurred in four cases only. He cuts them in an elongated form, from the inner surface of the arm or from the anterior surface of the thigh. They are dissected rapidly, and applied without sutures to the surface of the sore, which is previously vivified, allowing them to remain under the dressing for four days without being disturbed. It is necessary to take great precautions during the operation. Everything must be aseptic; the flaps washed with sublimate, and then with a solution of sea salt. Everything must be absolutely dry, and this refers as much to the hands and instruments as to the operative field.

HIRSCHBERG (FRANKFORT). TRANSPLANTATION OF FREE CUTANEOUS FLAPS CONTAINING SUBCUTANEOUS ADIPOSE TISSUE.—After combatting the opinion that all vital changes cease in a flap immediately the blood current ceases, he showed that circulatory currents continued for some time after removal of the flap, and furnished the first agglutinative material. It is evident that these currents will be more lively, the more rich the flap is in blood vessels, and Diffenbach has shown that free flaps adhere more easily if one causes them to become congested by previously tapping and rubbing them. He operated with complete success on four patients, in the following manner:

After the application of Esmarch's bandage to the upper extremity, he struck for two or three minutes the upper and inner part of the arm with a rubber hammer. Then he cut a quadri-

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lateral flap of slightly larger dimensions than the loss of substance, detached it from the subjacent aponeurosis on three sides, leaving it attached by a pedicle turned towards the wrist. The ulcer was then vivified, and all bleeding stopped. He then removed Esmarch's bandage, and in a few minutes the flap became red and turgid. Its attachments were cut with strong scissors, and the flap was carefully applied to the loss of substance. He used gauze, or lint, as a dressing.

BREMANN (HALLE). TREATMENT OF GUNSHOT WOUNDS OF THE ABDOMEN.—A resumé of his conclusions, based on observation of cases, is:

1. In all gunshot wounds of the abdomen, accompanied immediately with signs of a lesion of the stomach or intestine, or of a severe internal hemorrhage, laparotomy should be done at once.

2. Laparotomy is also urgently indicated in cases where the seat and the direction of the projectile admit the possibility of a wound in the stomach or intestine.

In support of this statement, he quotes MacCormic's statistics, that ninety-nine per cent of patients not operated on will die.

KORTE. "INTESTINAL OBSTRUCTION BY BILIARY CALCULI."—The author has operated on three patients with the above condition, with two cures and one death. In all the cases the stones, although they were not very large, were so fixed that they could not be pushed forward or backward. Two were situated in the ileum, and one in the sigmoid flexure. The clinical symptoms were those of a very grave strangulation.

Medical treatment produced no good result. The calculus was easily found, the intestine was opened by a longitudinal incision, the stone removed, and the wound sutured.

BORCK (ROSTOCK). "DISLOCATION OF THE SEMILUNAR CARTILAGES OF THE KNEE."—He reports the case of a man who sustained a severe twist of the right knee three years ago. After a time he regained movement in the joint, but sometime afterwards fell from his horse on the knee. He suffered with intense pain, hæmarthrosis, and signs of a foreign body.

An incision was made over the inner side of the joint, and the foreign body was shown to be the anterior third of the semi-

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lunar cartilage, which had preserved only its attachment to the anterior part of the spine of the tibia. The meniscus was removed, and the joint closed. Cure was complete in thirty days.

Society Notes.

TERRELL MEDICAL SOCIETY.

This organization, we are pleased to say, is in a prosperous condition, the members taking a lively interest in its meetings. At a recent meeting, well attended, the following officers were elected:

President, Dr. B. F. Church, First Assistant Physician State Lunatic Asylum, elected by acclamation.

First Vice-President, Dr. J. A. Anthony.

Second Vice-President, Dr. J. M. Payne.

Secretary, Dr. W. I. Swangen.

Dr. L. M. Stroud read a very able paper, having for its subject typhoid fever. The paper was quite freely discussed, and each member gave his form of treatment for this disease. Dr. Preston suggested that Dr. Stroud's paper be published.

The remainder of the program was dispensed with until next meeting.

Dr. B. F. Powell, the retiring President, made a brief and appropriate farewell address, and then conducted his successor to the chair, who in a few happy words thanked the society for the honor conferred.

The President appointed the following committees: New Remedies and Diseases, Drs. Anthony, Preston and Dumas; Committee on Publication, Drs. Monday, Stroud and Preston. Preparatory to adjournment for the banquet, the President appointed Dr. J. A. Anthony as master of ceremonies for the occasion.

THE BANQUET.

At 2 o'clock the Society repaired in a body to the dining parlor of the Harris House, where the twelfth semi-annual banquet of the Terrell Medical Society was held. The capacious hall was filled with a dozen tables, burdened with the weight of viands, luscious fruits, etc., around which were seated the members of the Society, with their ladies and quite a number of vis-

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itors. At the conclusion of the sumptuous feast, the master of ceremonies arose and called upon Dr. Manson, of Rockwall, for a toast. That gentleman very adroitly shifted this duty to Dr. Preston, who retaliated as follows:

"This is an occasion where wit should prevail, and as Dr. Manson is possessed of all of it, he is the proper person to lead in the matter."

Drs. Dumas, Monday, Church and Anthony made short and felicitous speeches. At this juncture, Dr. P. M. Payne was called upon, who gathered in both hands a large and beautiful bouquet, which he presented to Dr. B. F. Church, in a very happy way. The bouquet was a gift from Mrs. Preston. Dr. Church responded gracefully to the presentation speech.

Dr. Manson was again called on, and favored the Society with one of his entertaining talks, at the conclusion of which the Society and its guests repaired to the parlors of the hotel, where a short time was pleasantly spent in conversation.

Those in attendance on the banquet were: Dr. B. F. Church and Miss Ethel Cowles, Dr. Laurie MacKechney and Miss Kate Childress, Dr. P. M. Payne and Miss Lucile Grinnan, Dr. G. F. Powell and lady, Dr. J. A. anthony and lady, Dr. W. S. Sanders and lady, Dr. W. P. Dumas and lady, Dr. W. H. Monday, Miss Jewel Monday, Miss Nannie Powell, Miss Zula Byrn, Drs. Preston, Manson, Roberts, Penn, C. M. Crumbaugh, and Charles and Albert Monday.

ELEVENTH INTERNATIONAL MEDICAL CONGRESS.

A letter directed to the undersigned by the Secretary-General of the Eleventh International Medical Congress, and dated December 19, 1893, contains the following communications:

"American members will pay on the English, French and Italian railways single fares for double journeys, and will obtain a reduction of twenty per cent. on fares for Italian round-trip tickets.

"The documents required for their identification will be sent to you in January, and Americans intending to visit the Congress will have to apply to you for them.

"Full particulars concerning the journey will accompany the documents.

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"Messrs. Thos. Cook and Son, London, Paris, Rome, and Naples, shonld be applied to for accommodation and for tickets for the excursions at Rome, Naples, and to Sicily. Such excursions will be arranged at Rome, under the guidance of Mr. Forbes, member of several scientific societies and correspondent of the *Times*—for Naples, three days, including Vesuvius, Pompeii, Capri, Sorrento, Castellamare, Bajae, etc.—for Sicily, ten days from Naples, including Messina, Taormina, Catania, Girgenti, Siracusa, Palermo, and return to Naples.

"The fares for members of the Congress will be considerably reduced, and comprise hotel accommodations, carriages, guides, boats, etc.—about 70 frcs. each, for the three days, and 285 frcs. for the ten days.

"Full particulars concerning these excursions will be contained in a leaflet to be added to the instructions and documents for the journey."

From former communications the following are herewith quoted: The members' fee is five dollars, that of their wives or adult relations two dollars each. Checks or money orders may be sent to Prof. L. Pagliani, Rome, Italy. Credentials have been promised in the near future. When they arrive (none were received last year), they may be too late for many who have started, or are about to start. The undersigned, who is not informed of the cause of delay, proposes to supply, in as official a form as he thinks he is justified in doing, credentials which are expected to be of some practical value. The North German Lloyd has promised to recognize them. It is suggested, besides, that a passport may increase the traveler's facilities.

Only the North German Lloyd (22 Bowling Green) and the Compagnie Générale Transatlantique (3 Bowling Green) have thought fit to grant reductions to Congressists.

The reductions on Italian railways are available from March 1st to April 30th.

A. JACOBI, M. D.,
110 W. 34 Street, New York.

January 11, 1894.

Annual Report of the Psychological Section of the Medico-Legal Society.

To the Fellows of the Medico-Legal Society:

The summary of the work of this Section for the year 1893, is briefly stated as follows:

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There have been fifty-three members elected. The bulletin of the Section has been published of which four numbers of Vol. I have been issued, which are herewith submitted as a part of the report.

These contain a record of the scientific work of the Section.

By-laws, rules and regulations for the government of the Section and management of its affairs were adopted on November 11, 1893, and approved by the Executive Committee of the Medico-Legal Society, November 14, 1893.

The following change has been made in the organization of the officers of the Section, viz.: Nine vice-chairmen (additional) have been elected, instead of one vice-chairman, to take their position as such January 1894.

The following are the present officers of the Section:

Chairman—Prof. Elliot Coues, of Washington, D. C.

Vice-Chairmen—Clark Bell, of New York; A. E. Osborne, M. D., of California; Harold Browett, of China; James T. Searcy, M. D., Alabama; F. E. Daniel, M. D., of Texas; T. D. Crothers, M. D., Hartford, Conn.; Henry Hulst, M. D., of Michigan; R. J. Nunn, M. D., of Georgia; U. O. D. Wingate, M. D., of Ala.

Secretary—Clark Bell, Esq.

Treasurer—Edward C. O'Brien, Esq.

Executive Committee—Clark Bell, Chairman; Prof. Elliott Coues, Edward C. O'Brien.

All members of the Medico-Legal Society are eligible to membership in this Section at annual subscription of $1.50 each.

All others, who are approved by the Executive Committee, on payment of $5 initiation fee and $1.50 annual dues, payable in advance, and all members of the Section receive the Bulletin free. The wives of members of the Medico-Legal Society are eligible to membership on payment of $1.50 annual dues, with-initiation fee.

Respectfully submitted on behalf of the Section,

CLARK BELL,

Vice-Chairman and Secretary.

EDWARD C. O'BRIEN, Treasurer.

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EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., Editor.
S. E. HUDSON, M. D., Managing Editor.
A. J. SMITH. M. D., Galveston, Associate Editor.

EDITORIAL STAFF:

PROF. J. E. THOMPSON, M. D., Texas Medical College, Galveston; Surgery.
PROF. WM. KEILLER, M. D., Texas Medical College, Galveston; Obstetrics and Gynecology.
PROF. DAVID CERNA, M. D., Texas Medical College, Galveston; Therapeutics.
PROF. A. J. SMITH, M. D., Texas Medical College, Galveston; Medicine
DR. ISADORE DYER, Tulane University; Dermatology.
DR. R. H. L. BIBB, Saltillo, Mexico; Foreign Correspondent.
DR. ROBT. MORRIS, Charity Hospital, N. O.; Clinical Reports

CONSERVATIVE GYNECOLOGY.

That which is not true is false, and half truth is falsehood's most dangerous shape. The common knowledge of the profession should be the court of final appeal in questions of medical truth.—*L. F. Bishop, in Medical Record, Jan. 13, 1894.*

Prof. William Goodell, of Philadelphia, than whom no living authority on gynecology stands higher or is better known in America as well as in Europe, has recently published two articles entitled: "The Effect of Castration on Women, and other Problems in Gynecology," and "The Great Medical Error of the Day," which have appeared in the *Medical News* and the *University Medical Magazine*, respectively. Both articles run in the same channel of thought, and a careful perusal of them reveals the sad fact that the profession is on the verge almost of criminal abuse regarding the surgical treatment of female diseases.

It must not be forgotten that in medicine, as in almost everything else, fads are apt to creep in, to maintain a firm hold (for a time at least) on the profession, even at the sacrifice of scientific truth or common sense, until new ones come to break the magic spell of the old ones by virtue of the falsity of these. And it is among the younger members of the profession, of course, that such fads most flourish. In the meantime, suffering humanity is the victim; and it seems as if experience were unable to cope successfully with the danger of the dogmatic principle, "*magister dixit.*" The disastrous failure of the tuberculin craze, for in-

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stance, should be a lasting lesson to the advocates of the *new* in the healing art, and especially to those who, at one single flight would wish to reach the pinnacle of fame and glory!

In support of the fact that there is a tendency on the part of the profession to follow a fad, (and with reference especially to gynecological practice), Prof. Goodell most pertinently remarks: "In the treatment of the diseases of women at the present time, there seems to me to be a tendency to lay too much stress upon lesions of the reproductive organs. Too little heed is, therefore, given to the nerve-element of woman's diseases, and as a consequence, the surgical feelers and antennæ of the medical profession, always too keenly sensitive, vibrate vehemently at the approach of an ailing woman. This trend of the profession, to appeal to the knife as the great panacea for woman's diseases, is seen everywhere. It prevails alike in city, town, village and hamlet. It asserts itself in every medical discussion, and stands out in bold relief upon the pages of every medical journal. It has caused many needless sexual mutilations and unnecessary operations, and it is, in my opinion, the great medical error of the day."

We are convinced that gynecological surgery, all in all, has done, and continues to do more harm than good. Fashion, mingled with ignorance on the one hand, and with *too much* knowledge perhaps upon the other hand, has brought about a most unfortunate state of affairs, and wrought much evil. There is, we firmly believe, entirely too much mutilation being done upon women, unnecessarily, and for ills many of them imaginary or attributable to some derangement of that complex machinery, *the nervous system*. To use a homely simile, it may be said that the nervous system constitutes a safe that up to the present time even the most expert scientific burglars have been unable to unlock completely. How ignorant we are of the physiology of the nervous system!

To reiterate, it seems to us that more misery than good has been accomplished by reckless, often unwarrantable abdominal and pelvic surgery, especially at the hands of ambitious, hasty and injudicious young practitioners, not to say at the hands also of the fashionable gynecologist or more experienced surgeon. First, Cæsarian section, or laparotomy, or *cæliotomy* more modernized, then, ovariotomy, and *now* symphisiotomy (*revived!*) What next?

Fortunately, our individual conscience is not haunted by the

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unwelcome remembrance of having given pain, instead of relief, by surgical intervention in the female disorders that have come under our limited observation. We do not regret not to have used the knife in the treatment of diseases which we then suspected, and have reason to believe now, were not due mainly to womb or ovarian trouble. We remember distinctly three cases of female disease, apparently hopeless, occurring in our practice (in each one of which operation was advised by eminent gynecologists, but fortunately flatly refused by the patients themselves or some member of the family), in which recovery ultimately ensued after these cases had been left severely alone.

Of course, we are also satisfied that there are extraordinary cases in which an operation is absolutely necessary, the means of saving life, perhaps, but we likewise believe that these cases are few and far between. Thus Prof. Goodell says: "I must confess to becoming far less inclined than formerly to operate on trifling lesions of the reproductive organs, and especially on small tears of the perineum, the repair of which is painful, unnerving, and generally of doubtful expediency. I have become very skeptical of the influence of such lesions upon the general health, and have come to the belief that, even in bad cases, it is greatly overrated. In my experience the mistake usually made in these cases is that of attributing to the lacerations the mock uterine symptoms of nerve prostration. About this there can be no error, for I have over and over again, without any surgical treatment whatever, cured of all their ailments patients who had been sent to me for the very purpose of undergoing some operation on the womb, on the perineum, or even on the ovaries themselves."

There can be scarcely any doubt but that the nervous system, more so than in the case of man, plays a most important part in female diseases. And it is precisely our ignorance of the physiology, and hence of the pathology of the nervous system, that often leads us astray. As our eminent author wisely puts it: "Again, what is very perplexing, uterine symptoms are by no means always present in cases of utetine disease; and, what is still more bewildering, when so-called uterine symptoms are then present, they need not necessarily come from uterine disease. The nerves are mighty mimes, the greatest mimics, and they cheat us by their realistic personations of the organic disease, and especially by their life-like imitations of uterine disease. Hence it is that even seemingly urgent uterine symptoms may

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be merely nerve-counterfeits of uterine disease. In fact, the time has come when we must give up the belief, which with many amounts to a creed, that woman is woman because she has a womb, and that the womb is at the bottom of nearly every female ailment."

Thoroughly in accord with the sound views of Prof. Goodell, we wish to be placed on record as protesting most earnestly against the indiscriminate use of the knife in the treatment of diseases of women. We plead for conservative gynecology. But we cheerfully cede the floor to the learned teacher and writer: "Just as headache does not necessarily mean brain disease, so ovary-ache, groin-ache and backache do not necessarily mean ovarian disease. Nerve-strain and these aches are, it is true, correlative, but the middle term which connects them is merely a disturbance in the circulation. Yet, time and again—and I say this deliberately—have ladies been sent to me to have their ovaries taken out, when the whole mischief had started from some mental worry. Their ovaries were sound, but their nerves were not, and no operation was needed for their recovery. The physician of the present day is too apt to jump from any distinctly female ache to an ovarian conclusion without the delay of any misgivings. The ache is in the back, then, he argues, it probably is ovarian; it is in the groin, then, of course, it is ovarian; it is in the head, but extremes meet, and surely it comes from the ovaries. I, indeed, have seen a painful nose, and also a red one, attributed to the ovaries, and treated canonically by the hot vaginal douche and uterine applications. From this widespread bias and pernicious haste, the removal of the ovaries has degenerated into a busy industry by which, in city and in country, many women have been and are being mutilated, both needlessly and on the slightest provocation." * * * "The riper my experience, the more am I convinced that, in the treatment of woman's diseases, the possibility of a nerve-origin, or of a nerve-complication should be the *fore*-thought and not the *hind*-thought of the physician."

Were it in our power, we should have *every book* on gynecology extant and to be published hereafter, prefaced with the first six and last paragraphs of the excellent article "The Great Medical Error of the Day." Certainly those paragraphs are pregnant with sound thought and most useful counsel; they, in fact, contain in a few words what most of the so-called scientific treatises on gynecology *do not*. With his authoritative state-

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ments, wielding a facile and trenchant pen, and based on a long and useful experience, an experience unsullied by dogmatism, wedded alone to common sense, to sound and unbiased judgment, we sincerely trust that Prof. Goodell will continue to wage war mercilessly on reckless gynecological practice as detrimental to the welfare of the gentler sex.

Many, many cases of female complaint, we are confident, not only do never reach the eager publishing gynecologist, but do not even come under the observation of the operating surgeon. This being the case, are we justified in judging of the necessity or the expediency of mutilating alone from the comparatively small number of successful (?) cases found recorded in current medical literature? The silent majority in the medical profession (properly conservative) is and shall continue to be, even though the language be paradoxical, a disturbing element to the otherwise clear and peaceful conscience of the gynecological surgeon.

It is high time that the fascinating temple of excessive specialism in medical practice, should close its doors, and that the over-enthusiastic advocates of the knife, especially, should remove their mask and listen to the voice of reason and of nature. After all, nature is the best of physicians. Let nature, then (nature to which personal experience and science itself are subservient), open the pathway, and truth will appear, like the radiant Phœbus before the dying dawn, gorgeously arrayed in all its majesty and spendor.

Some one has said, wisely, that "truth travels slowly, and error is hard to rout," yet, this fact should discourage no one in the pursuit of a lofty cause, in the noble search for truth and right. We beseech Prof. Goodell, therefore, to continue letting us have the benefit of his wise counsel in matters gynecological. It will be, we are sure, of incalculable service to suffering humanity, particularly to helpless woman, that female Lear of gynecological tragedy, so to speak, a creature, indeed, "more sinned against than sinning!" Let his honored and respected name, as it is already deservedly through his excellent work so far accomplished, continue to be a household word wherever female disease is considered, that, more strengthened still by virtue of his riper and riper experience, it may be handed down to posterity as belonging by rights to one of the benefactors of the race. The structure he will have erected in the end, will constitute a monument more durable, indeed, than the pyramids of Egypt; and his glorious name, standing out in bold relief upon

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such a monument, and surrounded by the halo of immortality, shall be gratefully sounded by the tongue of man even long after those of many now famous mutilators of our species shall have been forever erased from the tablets of human thought!

D. C.

AN UNWORTHY SUSPICION.

Lamphear's Kansas City Medical Index, usually a fair and impartial contemporary, surprised its Texas readers recently by repeating and emphasising a slur attempted to be cast upon the Texas Medical College.

Because Dr. T. D. Wooten, the honorable President of the Board of Regents of the Texas University, has two sons now attending medical lectures in New York—after having attended one--perhaps two courses at Galveston—the *Index* would, by insinuation, make it appear that while Dr. Wooten thought the Medical Department of the Texas University good enough for others to graduate from, it was not good enough for his own sons; and insinuates that "there is something wrong in the management—or elsewhere,"—of that institution.

We can assure the *Index* that there is nothing "wrong," either "in the management—or elsewhere" in the Medical Department of the great University of Texas; but on the contrary, it is flourishing like a green bay tree, and everything is lovely. There are over a hundred more students in attendance this year than there were last year; and the facilities for instruction in every department are complete, and the instruction thorough, the curriculum high, and three (graded) courses are required to graduate. The greatest harmony prevails between the Faculty and the Board of Regents and between the members of the Faculty. The professors and adjunct teachers are all men of character and standing, and were selected because of their eminent fitness for their respective branches. A strict preliminary examination is required to matriculate. Funds are ample, and clinical material abundant; board is good, and can be had as reasonably as in any other city. What more could be asked or desired?

Dr. Wooten's sons are both men of legal age, and are competent and entitled to elect for themselves where they will finish their medical education.

While we do not speak from any knowledge of their reasons for going to New York, we will say that they may have though

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to find certain advantages there not to be had in Galveston or elsewhere; for instance, the benefit of studying with and in the office of some distinguished specialist with a view of taking a special branch. Their going to New York is no more a reflection on the Texas Medical College than would be a New York man's going to an European college a disparagement of the many colleges in New York; and it is eminently unjust, and unworthy any reputable medical journal to hold Dr. Wooten responsible for not coercing his sons, even should he not have agreed with them in their choice; or to construe their action into a reflection on the Texas College. But, "to the *jealous* mind trifles as light as air, are confirmation strong as proof from holy writ."

EX-CONFEDERATES ALL RIGHT.

It will be remembered that in our last it was stated that Congressman Sayers had written Dr. Denton, at Austin, that persons who had served in the Confederate army were not eligible to appointment as medical examiners on pension boards, and asked him to recommend some one who was eligible. It will be remembered also that the Austin District Medical Soeiety, in session in this city in December, denounced the ruling, and passed strong resolutions against it. This coming to the knowledge of the commissioner, he emphatically denied, in a letter to Dr. T. J. Tyner, in this city (Dr. Tyner—an ex-Confederate,—having himself been appointed expert Medical Examiner for the Pension Bureau), that he had made any such ruling, and declared that it was his policy to appoint Confederates when properly endorsed, etc. (We regret that this letter was not received here in time to figure in our last editorial, as it put a different phase on the subject and led to complications; for it was a flat contradiction of Mr. Sayers' statement to Dr. Denton.)

The matter was brought to Mr. Sayers' attention, and the following facts were developed:

Dr. F. E. Daniel, an ex-Confederate Surgeon, applied in April last for appointment on the board, and his application was properly endorsed. Mr. Sayers sent it in to the Department, and asked that the appointment be made. He received a reply from the Pension Office, a note, dated July 10, saying: "Dr. F. E. Daniel, whom you recommend for appointment as examining surgeon on the Board at Austin, Texas, is not eligible, he hav-

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ing participated in the late rebellion," and requested Mr. Sayers to make another nomination.

Thus it will be seen that Mr. Sayers made no mistake; there was the letter with the Commissioner's name attached.

When these facts were revealed, and Mr. Sayers' attention was called to the conflict in statements by him and the Commissioner, he called at the Pension Office for an explanation. Judge Lochren, the Commissioner, assured him that he had no recollection of having sent, or ordered sent, the letter of July 10; and declared that such was not the policy of the Department. He furthermore assured Mr. Sayers that he would at once appoint Dr. Daniel, and he did so. Thus ends the matter. Yet it is hard to understand how such reply as Mr. Sayers received, should go out in the name of the Commissioner, without his knowledge, or recollection of having authorized it; and the only plausible explanation is that perhaps the head-clerk acted on his own responsibility, and used the *rubber stamp;* a most unwarranted piece of assumption of authority, if such be the case.

The prompt action of the Austin District Medical Society alone prevented a great injustice being done not only to Dr. D. but to the ex-Confederates as a class, as doubtless this case would have become a precedent.

A TRAVESTY ON RELIGION AND LAW.

The negro rapist, Ed. Nichols, was executed at Austin, January 12, ult., under the most extraordinary circumstances. It was a human sacrifice with religious rites, conducted by the negroes upon the scaffold, the State's sheriff acting as High Priest.

The ostensible object of hanging is to lessen crime. It is held that a display of the law's power and majesty will awe the evil disposed and restrain them from the commission of crime. That the gallows,—nay, the *stake*, has no terror for the negro rape-fiend; that plain and swift hanging, nor burning at the stake will lessen the occurrence of rape has been abundantly proven in Texas, for it is notorious that the crime, and in its worst form, is on the increase, nothwithstanding the swift and terrible vengeance in most cases visited upon the offender. Capital punishment then, is useless, even in its most horrible form. What will be the effect when it is made fascinating, attractive,—really seductive, nay—even *glorious*, as in the case of Nichols?

It was well meant, no doubt;—a mistaken notion of charity

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on the part of the sheriff, to permit the friends of the wretch to hold religious services under the very shadow of the gallows, but it was a grave error of judgment. It was not only permitting religion to be made a farce; it was not only an affront to the community of Christian people, but by this act the execution lost its character as such, was shorn of its horrors, and lost all terror for the evil-doer, but it became an Africo-religious *rite* attending the sacrifice of a *hero*, a hand-made, or, as alleged, a prayer-made saint, and as such it became an example which appeals strongly to the superstitious nature of the negro, and invites to emulation. It is *dangerous* in the extreme, and our people should beware. The crown of martyrdom is thus offered as a premium on rape. The spectators were assured by the negro minister officiating that Nichols' soul had been "washed in the blood of the Lamb and made clean," and that he was "going straight to the bosom of God." "Nearer my God, to Thee"—that grand old hymn so dear to every Christian heart, was sung as an accompaniment to *fixing the noose and adjusting the black cap*,—and the ghoul-like spectators, perched like buzzards on adjacent roofs and walls, were requested to "join in." Desecration—profanation—*sacrilege* can go no further; religion is made a farce—and capital punishment a burlesque; worse than a burlesque, because, as stated, it becomes fascinating, and appeals to the brute nature strongly: it says, "go thou and do likewise, if you, too, would wear the crown of martyrdom and go to glory."

The JOURNAL enters its most earnest protest against a repetition of the disgraceful scene. Let the condemned have all the "benefit of clergy,"—all the comfort, solace and hope he can find in religion, prayer and song,—but in the name of all that is decent, let it be done in the cell, privately, and let not the awful majesty of the law, in the infliction of the death penalty, be travestied, and its purpose and object thwarted; nay, reversed, and *made to incite* to that which it is intended to prevent!

Medical News and Miscellany.

Dr. S. V. Wagner, has removed from Bremond to Houston.

Dr. G. D. Parker, formerly of Alvin, Texas, has located in Houston.

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Dr. M. A. McBride has changed his location from West Point to Leesville, Texas.

Dr. C. M. Yater was married to Miss Rosetta Abney, in Italy, Texas, January 14, 1894.

The New York Academy of Medicine pays annually $1500 for medical journal subscriptions.

Mrs. Price, wife of Dr. R. N. Price, of Graham, Texas, died on January 19th, after a long illness.

Dr. S. H. Stout, now of Dallas, has been very sick with "grippe," but we are pleased to learn he is better.

The New Pension Board at Austin, Texas, consists of Drs. F. E. Daniel, F. P. McLaughlin and Chas. Lowry—the latter a homeopath.

Dr. J. D. Osborn, ex-President T. S. M. Association, is candidate for mayor of Cleburne. To be mayor must be a "good thing," as so many doctors want to be mayor.

The paper by Dudley G. Wooten, Esq., promised for this issue, will appear in our next. Mr. Wooten writes the JOURNAL that he was not able to get it ready in time for the present issue.

Dr. W. Neal Watt, for many years a resident of Burton, Texas, has removed to Austin. Dr. Watt was a pupil and protege of Gaillard and is an accomplished physician. We extend the right hand of fellowship to him.

Wanted.—A physician, graduate University of Pennsylvania, eighteen years experience, last four years in hospitals and post-graduate college, wants to hear of a first-class location, or would take partnership. Address "M. D.," this Journal.

To Be Made More Difficult—Graduation.—Association of American Medical Colleges, composed of seventy-one medical colleges, proposes to adopt a rule enforcing a four year course upon all students who intend to graduate in 1899 or subsequent years.

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Dr. I. J. Jones, late of Benoit, Alcorn county, Miss., has located in Austin. Dr. Jones brings letters of introduction and other testimonials to his high character and standing as a physician in Mississippi, and will be warmly welcomed by the profession of Texas.

Medical Department of the University of Minnesota.—The Board of regents of the University of Minnesota have decided to extend the course of instruction in the College of Medicine and Surgery from three to four years of eight and one-half months each course, beginning in 1895.—*Ex.*

Dr. J. M. Keating, formerly of Philadelphia, later of Colorado Springs, Colorado, died November 18, 1893. He was well known as one of the editors of the International Clinics, as one of the editors of "A New Pronouncing Dictionary," and as the editor of Keating's System of Diseases of Children.

The chair of Pædiatrics, in the University of Berlin, made vacant by the death of Professor Henoch, was offered to Dr. A. Jacobi, of New York, who has declined the honor, preferring to remain an American citizen. This is the first time such a distinction has been offered to an American physician.—*Ex.*

The *Medical Review*, of St. Louis, is out in an editorial (December 20, 1893) advocating the establishment, in the great cities, at least, of hospitals for the detention of dogs suspected of having hydrophobia. The same journal, it would seem, advocates the great chemical consumption cure nostrum from Ohio.

A board of medical officers will meet Monday, April 16, 1894, in Washington, D. C., for the purpose of examining candidates for appointment to the grade of assistant surgeon in the Marine Hospital Service. For further particulars, address the Supervising Surgeon-General U. S. Marine Hospital Service, Washington, D. C.

On the evening of December 2, 1893, fire destroyed the recently erected practice hall of the Medical Department of the University of Maryland, in Baltimore. The building contained laboratories and dissecting room. Arrangements were at once made for continuance of the laboratory work elsewhere, and no interruption

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of the teaching work followed.—*Maryland Medical Journal, Dec. 9, 1893.*

Dr. J. M. Frazier, of Morgan, Tex., was elected President of the Central Texas Medical Association at the annual meeting of that body, held in Waco January 9th. This is a judicious selection on the part of the members, and a deserved compliment to our friend Frazier. He is one of the foremost and most progressive of our latter-day professional men, and will wear the honors bravely and gracefully.

Texas State Medical Association—Section on Dermatology.—Members and other physicians who are interested in the subject of Dermatology, are invited to contribute a paper to the Section for the April meeting of the State Medical Association.

F. E. DANIEL, M. D., Chairman.
S. E. HUDSON, M. D., Secretary.

AUSTIN, TEXAS, Feb. 1, 1894.

Appendicitis and the Grape Seed.—Dr. J. D. Bryant says (*Medical Record, N. Y.*) that he had the appendix examined in one hundred and fifty autopsies, and in not one was it found to contain grape seed or any other foreign body except inspissated fæces or muco-pus. He says also that "eminent surgeons had operated for appendicitis after weighing all points, and found that appendicitis did not exist at all."

It is stated that Prof. Nicholas Senn, of Chicago, has presented his valuable surgical library, formed largely by the collection purchased several years since from the estate of the late Prof. Baum, Professor of Surgery in the University of Göttengen, to the Newberry Library, of Chicago. It is a magnificent collection, numbering thousands of volumes, and representing in money value at least $50,000, it is stated.—*Ex.*

☞ Those of our readers who may contemplate purchasing a battery or cabinet or any electrical goods, are invited to correspond with the business end of the JOURNAL before ordering, as we are in position to offer superior inducements; and can save to the purchaser a considerable part of the cost. If you want a battery or a cabinet, drop Dr. Hudson a note; we can arrange for payment on the installment plan, if desired.

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Hon. J. C. Phillipo, a prominent physician of Jamaica, well and happily known and readily recalled by all who were fortunate enough to have attended the recent meeting of the Pan-American Medical Congress, at Washington, where he contributed several valuable papers on hygienic and medical subjects, died suddenly from heart failure, at his home in Kingston, Jamaica, on November 14, 1893, in his sixty-third year.

"**Texas Medical Journal:**—Enclosed find $2 for the livest medical journal in the South, representing the greatest State in the Union and the grandest commonwealth the sun shines on. May its future equal its past record in 'covering the ground it stands on,' representing progressive and aggressive literature and superior mechanism in the art preservative. Yours for success,

"J. A. ABNEY, M. D."

Those resolutions on the subject of disfranchising Confederates, adopted by the Austin District Medical Society, were unanimously endorsed by the Central Texas Medical Association, and by every medical society in Texas, so far as we have been able to learn, that has held a meeting since the publication of the resolutions. They are a back number now; but the action of the profession in Texas in endorsing the resolutions is an emphatic expression of sentiment, and is significant.

The Texas State Medical Association, let it be remembered, will meet in Austin on the fourth Tuesday in April next. To date the Secretary has furnished us no announcement or program for publication; but as there will be plenty of time we hope to give in our next a complete outline of the arrangements, with names of speakers, committees, railroad rates, hotel charges, excursions, social "functions," etc., etc. It is believed the meeting will be largely attended and full of interest.

Sewanee Medical College.—Of the summer colleges worthy of confidence, the Sewanee stands conspicuously prominent. The JOURNAL calls especial attention to the announcement elsewhere in this issue. It will be seen that the next session will begin March 5th, prox., and close September 3, '94. Prof. Cain of Nashville, so well and favorably known, especially popular with Texas students, is now the Dean. The Faculty is composed of A No. 1 men in every branch; and the environments will

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make a summer sojourn and study in the mountains a positive luxury. Write to Dr. Cain for a catalogue, and mention yours truly.

A Four Year's Course at Jefferson Medical College.—At a meeting of the Faculty of Jefferson Medical College, held on January 8th, 1894, it was unanimously resolved to institute a compulsory four years course with the session of 1895-1896.

This step was taken in order that the large clinical service of the Jefferson College Hospital (550 cases a day) might be utilized to the fullest extent in carrying out the desire of the Faculty to provide advanced medical education of a practical character.

Dr. G. W. Christian.—This gentleman, so well and favorably known to the medical profession and the people, has removed from Burnet to Houston. The JOURNAL takes pleasure in commending him to the citizens of the Bayou City as a gentleman of character and standing, and a physician and surgeon of ability. Few surgeons have had a more extended experience, or made a more enviable reputation for success. Dr. Christian has successfully performed many major operations; and it is especially in the surgery of gynecology that he has been notably successful. At Houston he hopes to have a wider field for his laudable ambition, and we wish him success.

The Rush Medical College, Chicago.—The registrar has issued the following circular, dated January 10, 1894: "In pursuance of the policy recently announced in the resolution to be presented to the American Medical College Association, the trustees and faculty of Rush Medical College have decided to require four years' attendance at college from students who begin the study of medicine this year with a view to graduation in 1898; however, those who have already studied medicine one year or more with a preceptor, so that the four years of study already required will be completed before July, 1897, may graduate after three courses of lectures, as heretofore. To encourage proper preliminary study, graduates in arts and sciences from high-grade colleges, and graduates in pharmacy and dentistry from colleges requiring a proper amount of study and two full courses of lectures will, until further notice, be allowed to graduate after an attendance on only three courses of lectures."

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Lanphear's Kansas City *Medical Index* for December, 1893, says: "The Medical Department of the University of Texas is redeeming itself. It now has more than 120 students in attendance. But there are more than 500 students in the State." If increase in attendance of students means "redeeming itself," it is true the Medical Department of our University is in the way of redemption; but if thoroughness of curriculum and earnestness of work have any part in redemption, the school was redeemed from the first. The institution could easily accommodate all the 500 medical students of Texas, with perhaps slight additions to the present equipments and force of instructors, but has no desire to admit any but that portion of the 500 who are properly prepared for medical study and are in earnest in their purpose of work. The Medical Department of the University of Texas is no place for two classes of students: those who have no previous preparation for medical study, and those who attend for the purpose of having a good time.

Poetic License, and taking license with a poet, are different matters. The editor of this journal presents his compliments to all of ye "esteemed contemporaries" and respectfully requests that when any of them do him the honor to reproduce one of his "poems," they do not improve (?) on it, or alter it to suit their own notion of how it *should* be, and thus, in his judgment, *spoil* it. The N. W. *Medical Reporter* reproduced our "Doctor's Lament" and took the unpardonable liberty of mutilating it almost beyond recognition, yet putting our name to it. The "pome" (5th verse), read, originally:

"Your lovers kneel before you in rapturous adoration,
And tales of love in mellifluous measures pour;
Creditors besiege me; they are my abomination,
And moneyless patients daily throng my office door."

Ye "Harper," of the N. W. *Medical Reporter*, harped on it thus, destroying the bathos—the anti-climax and the measure, taking, in fact, all the point out of it:

"Your lovers kneel in rapturous adoration,
And tales of love in dulcet measures pour,
While creditors are my abomination
And pauper patients daily throng my office door."

Now, he may have thought that was *smart*, but ye author doesn't; and ye author hereby kicks a kick, and protests against

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such license. Poets may take license, but "harpers" and editors, —never; especially with people's poems that have cost sleepless nights and any amount of headache. There were other "improvements" which we will let pass.

Book Notices.

MODERN GYNECOLOGY. A TREATISE ON DISEASES OF WOMEN. Comprising the results of the latest investigations and treatment in this branch of Medical Science. By Charles H. Bushong, M. D., assistant gynecologist to the Demitt Dispensary, New York, formerly attending physician to the Northern Dispensary, and assistant to the Vanderbilt Clinic College of Physicians and Surgeons, New York. In one volume of 380 pages. 105 illustrations. Price, cloth $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The works on gynecology are now so numerous, and the field seems to have been so well covered by men of ability and learning, that the necessity, or even the room, for another book on this special line does not at first thought seem apparent. But, in presenting this book to the consideration of the medical profession of this country, Dr. Bushong gives some special and strong reasons why a work such as his is not only justifiable, but actually demanded. He points out the fact that many general practitioners, and especially those who were educated five to twenty years ago, when the facilities for teaching gynecology in our medical institutions were far inferior to what they are at this time, are deficient in a knowledge of diseases peculiar to women; that the average work on this subject is so voluminous that they have not sufficient time to read and study them, and thus secure the necessary information; hence a book short and concise, and at the same time giving all the latest and most important facts connected with this subject is a necessity.

A very large per cent. of the women prefer consulting their family physician to any one else, and many of them will refuse to be treated by another physician; then it is all important that this family physician should be prepared to give these cases the proper treatment, or at least be able to make out a diagnosis and give the necessary advice in regard to securing proper treatment. Many of these cases perfectly curable in the beginning,

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are, from neglect or incompetency, allowed to go on until they are past being cured, even in the most skillful hands.

Dr. Bushong's book is well printed and well written throughout. It is admirably adapted to the purpose for which it is intended, and we believe that many physicians will buy it, and it will doubtless be the means of preventing much suffering and of porlonging many lives.

THE THEORY AND PRACTICE OF MEDICINE PREPARED FOR STUDENTS AND PRACTITIONERS. By James T. Whittaker, M. D., LL. D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio; Lecturer on Clinical Medicine at the Good Samaritan Hospital; Fellow of the College of Physicians of Philadelphia; Member of the Association of American Physicians, of the American Academy of Medicine, and of the American Medical Association. With a Chromo-Lithographic Plate and three hundred Engravings. Octavo, 840 pages; more than three hundred Engravings and one Chromo-Lithographic Plate. Extra muslin, price, $5.75; leather, price, $6.50. New York: William Wood & Company.

In the preparation of this book the author has bestowed much work on the infections and infectious diseases. He believes that a thorough knowledge of the causes of disease is of the greatest importance in arriving at a knowledge of the best course to pursue in its treatment, and more especially in its prevention.

The book is divided into two parts. Part first is devoted to "General Diseases," under the sub-headings of "Infection" and "Parasites." Part second of the book is devoted to the consideration of "Diseases of Organs," under the special subjects of "Diseases of the Organs of Digestion," "Diseases of the Organs of Respiration," "Diseases of the Organs of Circulation," "Diseases of the Genito-Urinary System," and "Diseases of the Nervous System."

Throughout the entire work, bacteriology is given a prominent place, and the book may be said to be written by an enthusiastic bacteriologist. The prominence that the author gives to the causation and diagnosis of disease, especially in so far as it relates to the infections, constitutes one of the most valuable features of the book, and in this feature it surpasses most, if not all, of our older text-books on the theory and practice of medicine. This book will become especially popular with the medical student and the young practitioner, as it is written in a style so plain and easy of comprehension, and the rules laid down for

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the management of cases of disease are so positive and pointed that confidence in the mind of the practitioner will be established at once.

The publishers are to be congratulated on securing a book of much excellence, and they are to be commended for the splendid style in which the book is gotten out.

A TREATISE ON THE PRINCIPLES OF PHARMACY AND PHARMACEUTICAL CHEMISTRY, INCLUDING A LABORATORY GUIDE. By James Kennedy, Ph. G., M. D., Professor of Pharmacy and Botany, and Dean of the Faculty of the Department of Pharmacy of the University of Texas; Delegate-elect to Revision Committee of U. S. Pharmacopœia; Ex-Vice-President Texas State Pharmaceutical Association; Ex-President of the San Antonio Pharmaceutical Association; President of the Galveston Pharmaceutical Association; Member of the Louisville College of Pharmacy, etc., etc., etc., and Seth M. Morris, M. D., B. Sc., Professor of Chemistry and Physics and Secretary of the Faculty in the School of Pharmacy of the University of Texas; Professor of Chemistry and Toxicology in the Medical Department of the University of Texas; Ex-Assistant to the Chair in the University of Texas; President of the Alumni of the University of Texas, etc., etc., etc.

Drs. Kennedy and Morris have in preparation and will issue early this summer or fall a work as above outlined. Its advent will be looked for with interest by the profession and no doubt it will be very popular. The authors will say in their preface, which we are allowed to copy in advance of their publication:

"Whenever a new book makes its appearance, it is only reasonable to expect that it shall be complete in all its parts, and shall be adorned in a manner that custom has sanctioned as the proper one; hence in our preface we shall make the usual apologies for having added our modest tribute to the vast number of good books already extant and endeavor to persuade our readers that this work of ours is destined to fill a long felt want, and that it is the product or outgrowth of an existing necessity for a book of this character.

"When the author, who is in charge of the Department of Pharmacy of the University, first assumed the task of instruction in this department, he sorely felt the need of some systematic scheme for use in the Pharmaceutical Laboratory. It is his opinion that up to the time of going to press, no work is produced that fills in a satisfactory manner the functions of a Laboratory Guide in Pharmacy.

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"There are a great number of laboratory guides for the student of chemistry, and several of them leave but little to be desired. It was the design of the authors in the beginning to publish a Laboratory Guide in Pharmacy, but when begun they were impressed with the opportunity for enlarging the scope and usefulness of their undertaking, and have enlarged the work to such an extent as make the Laboratory Guide an appendix. We do not wish to be understood as saying that the importance of the Guide has been lessened by so doing; to the contrary, we have introduced much of the additional matter for the express purpose of elaborating the Guide and making its language more clear and explicit. This book has been designed with a view to utility to the student, the teacher and the practical pharmacist, and each portion of the book has received its full share of attention.

"Part I embraces chemical and pharmaceutical definitions, the chemical elements, properties of matter, chemical philosophy, chemical analysis, metrology, physics of pharmacy, including the phenomena of solution, extraction, filtration, vaporization, precipitation, application, control and measurement of heat, etc.

"Part II. embraces the organic and inorganic medicines and pharmaceuticals, describing their physical, chemical and medical properties and doses, and, in the case of vegetable drugs, their habitat and botanical characters. Those drugs of animal origin are described in detail, including the source from which they are obtained, tests of identity, purity and strength are given whenever practicable.

"A chapter descriptive of the general properties of preparations, giving in a general way the resemblances and differences of fluid extracts, tinctures, etc., and describing their method of manufacture, is included.

"Part III. is devoted to the Laboratory Guide, both pharmaceutical and chemical, and the results to be obtained by following this order of experiments are described and fully explained in the chapters referred to in that part.

"Part IV. contains chapters on urine analysis, water analysis, plant analysis, food analysis, toxicology, active principles, oils, fats, and the new remedies.

"A formulary of unofficial preparations, tables of comparative weights, of relations between the specific gravities of solutions and their strengths, etc., are appended.

"The plan followed throughout the work is to give explanations

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of the phenomena, herein described, in as clear and concise a manner as possible, thus enabling the student to trace a given effect to its cause. We do not deem it expedient or wise to merely state, as is done in any text books, that if such and such substances are mixed that such and such a reaction will occur, without entering into an explanation as to the reasons therefor. It is our belief that unless the student is made to comprehend why the experiment is performed and the phenomena concerned in the production of a result, the subject can not be understood by him. The general plan adopted by us is to begin the study of our subject with a thorough consideration of the fundamental principles of the sciences treated of herein, and to gradually lead the student up to the advanced knowledge of the subject. Our aim has been to closely link related facts and illustrate their interdependence. How well we have succeeded in our undertaking, we must leave to the profession to determine."

NAPHEYS' MODERN THERAPEUTICS, Medical and Surgical, including the Diseases of Women and Children, A Compendium of Recent Formulæ and Therapeutical Directions from the practice of eminent contemporary physicians, American and foreign; Ninth Edition, Revised and enlarged, Vol. 2, General Surgery, Gynecology and Obstetrics, By Allen J. Smith, M. D., Professor of Pathology, University of Texas, Galveston; Late Assistant Demonstrator of Morbid Anatomy and Pathological Histology and Lecturer on Urinology, University of Pennsylvania; and J. Aubrey Davis, M. D., Assistant Demonstrator of Obstetrics, University of Pennsylvania; Assistant Physician to the Home for Crippled Children, Philadelphia; Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1893.

Napheys' Therapeutics has been a general favorite for years. Vol. 1, on General Medicine, and Diseases of Children, was noticed in our Review Department some months ago. The volume before us includes the revisions of the latest previous editions of the Surgical Therapeutics and of the Gynecological and Obstetrical Therapeutics, published together, uniformly, with the ninth edition of the Medical volume. It also contains Dermatological Therapeutics; in fact it is a whole "Practice of Medicine" within itself.

The greater part of the last edition is retained with the modifications required to render it suitable for contemporaneous practice, and a large amount of new material has been added which surgical and gyneological progress has made necessary. The

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arrangement of matter has been considerably altered, to suit the ideas of the editors, both in the order of chapters and that of individual citations. The latter have been grouped so as to bring therapeutic consideration of similar symptoms, or indications of the diseases, closer together; the arrangement of the chapters was thought to be more convenient for reference. In its new form, and with its many new features and modifications, it will doubtless meet as hearty approval at the hands of the profession as did the previous editions. Vol. 2 has over 1000 pages; it is nicely printed and is strongly and neatly bound, the cloth edition being reinforced with morocco back and corners. Price, cloth, $6.

DISEASES OF THE RECTUM AND ANUS, THEIR PATHOLOGY, DIAGNOSIS, AND TREATMENT. By Charles B. Kelsey, A. M., M. D., New York, Professor of Diseases of the Rectum, at the New York Post-Graduate Medical School and Hospital; late Professor of Diseases of the Rectum at the University of Vermont, etc. Fourth edition, Revised and Enlarged. With two Chromo-Lithographs and one hundred and sixty-two Illustrations. Octavo, 496 pages, extra muslin, price $4. New York: William Wood & Company.

This very popular work has now reached its fourth edition, and continues to grow in professional favor. As a teacher in one of the largest clinical schools in this country Dr. Kelsey has had ample facilities for studying the different diseases of the rectum and anus, and he he is now considered one of the standard authorities on this specialty. The present edition is fully up to the times, eminently practical, and should be in the library of every general practitioner as well as specialist.

The author devotes more than fifty pages to the consideration of hemorrhoids, giving the different varietes and the several modes of treatment now in vogue. He was formerly a strong advocate of the injection method of treatment and was first driven to using it by quacks and pretenders. After a more thorough trial and a longer experience, he, like Dr. Andrews, of Chicago, has abandoned this treatment except in a few selected cases. His own preference is for the clamp and cautery in the majority of cases, though he sometimes uses the ligature or the carbolic acid injection.

Each chapter in this book will be of much interest and worth to the profession generally, but we believe that the one on

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hemorrhoids will prove of more benefit to the general practitioner than any of the others, and it alone is more than worth the price of the book. H.

Publishers' Notes.

The Cosmopolitan for February introduces a famous European author to its readers—Valdés, of Madrid, and the artist Marold, of Paris, well known as a French illustrator.

A. C. Bermays, M. D., Professor of Surgery, Marion-Sims College, St. Louis, Mo., writes as follows to the Dios Chemical Co.: "I have used Sennine in a great many cases and can recommend it conscientiously. Send one-half dozen to the City Hospital at once."

The old Bellevue Hospital Medical College has come back to us to stay. See announcement in our advertising pages. Anything we could say in commendation of Bellevue would be idle and superfluous. Read the advertisement, and write to Prof. Flint for catalogue.

"In the treatment of lung and throat affections, especially where you have a dry and persistent cough to deal with, your patient will experience immediate relief by administering Terraline. We have tried this excellent preparation and heartily recommend it in cases as above mentioned."—*International Journal of Surgery.*

Dr. A. Morgan Cartledge, Professor of Principles and Practice of Surgery, Louisville Medical College, says; "After a long and extensive use of R. & H. Three Chlorides I can say that my first observations of its utility have been confirmed. As a general tonic in anæmia and as an alterative in the large classes of affections which are indications for such a combination, I believe your elegant preparation without equal."

Armour & Co., have earned for their preparations an enviable reputation, and they desire to interest the Texas physicians therein. In our advertising pages will be found an an-

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nouncement from them that cannot fail to interest every earnest and progressive practitioner of medicine. Please read it, and when corresponding with the firm please say you saw their ad. in the TEXAS MEDICAL JOURNAL.

Celerina is one of the most prompt and efficient of remedies for devitalized or broken down constitutions.

Various forms of neurasthenia are frequently cured by the use of Celerina, after the usual treatment with nux vomica, damiana, phosphorus, quinia, arsenic, iron, etc., have failed.

Celerina in combination with Aletris Cordial is used with marked success in cases of nervous debility arising from uterine derangements.

Rebeka Hospital, St. Louis, Mo.—It is a melancholy fact that there are few places in the South, very few indeed in Texas, if any, where a person, no matter of how much means, can go and be comfortably sick and be properly nursed, cared for and treated. Such a place is now offered to our readers. The Rebeka Hospital is in charge of a corps of physicians and surgeons of known and recognized ability and integrity; their name alone is sufficient guarantee for the hospital. Please read their advertisement in this issue, and we dare say if you have occasion to correspond winh the management everything will be as represented, and satisfaction will be assured.

Tablet Triturates.—A rare opportunity is offered the physician who dispenses tablet triturates. The Hall Capsule Company, of Cincinnati, formerly manufactured a full line of these goods according to the method suggested by Dr. Robt. M. Fuller, *molding* instead of compressing, thereby rendering them instantly soluable.

Owing to the increased demand for their gelatine products, The Hall Capsule Company, have been compelled to discontinue making Tablets and Hypodermics, and are now closing out their line, which while broken, contains many staples. Send them a memorandum of the tablets you use, and if they are in stock they will make you "panic" prices according to the quantity you can use.

Many preparations have been used which would act on the oil and fat globules, either while still held by the white corpuscles of the blood, or after they have been conveyed to the tissues involved, at the same time have no deleterious effect on the other tissues and organs of the body. The only remedy which will act in this manner has been discovered in the Phytolacca

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Decandra, of which preparation Phytoline (Walker) is the only genuine, and the only one, the efficacy of which has been demonstrated in clinical cases. From the excessive amount of oil and fat globules found on miscroscopical analysis of the urine. I am of the opinion that Phytoline causes a dissolution of the fat-cells; that they are taken up by the white corpuscles and eliminated by the kidneys. That the oily matter is eliminated by the skin, is evidenced by its greasy appearance, so characteristic of degeneration.

The most beneficial effects of Phytoline are obtained by the patient taking 10 drops six times daily, and large draughts of water three or four times a day and abstain from food containing carbo-hydrates, sugars and starches, all of which will form large constituents of ordinary fattening foods.

Rational Treatment for Drunkenness.—Inebriety cures have heretofore been almost exclusively in the hands of the empirics, and have consequently been in bad repute. But the question was raised—why should not the regular profession undertake it? At one time, electricity was entirely in the hands of the quacks, and was identified with quackery; but it is now a recognized therapeutic agent in regular practice. Well, the regular profession are beginning to realize that they have been remiss in the matter of regarding drunkenness as a sin rather than as a disease, and in neglecting to treat it. We are pleased to see that a change is taking place, and institutions for treating inebriety and opium habit are springing up everywhere, under the management of regular and well educated physicians. The Keeley cures, bichloride institutes and Hageys, have all been in the hands of irregulars, and they have about all played out, as we predicted they would do. Sensible people soon rightly concluded that uneducated persons could not be in possession of knowledge that would enable them to successfully treat a grave nervous disorder, not known to the educated physicians; and now that the *furore* has subsided, sensible persons no longer patronize these concerns. The regularly educated physicians are now treating drunkenness, and on rational principles and with success. We are encouraged to hope that drunkenness will soon be a thing of the past. In this connection, attention is asked to Dr. Pope's advertisement of the Valleloma Sanitarium, at Marshall. Dr. Pope is well known to all our readers, and to the profession of the whole of the United States, as a physician of ability and distinction. He was President of the Texas State Medical Association in 1880, and held position in the 9th International Medical Congress. He gives his entire time and personal attention to patients; the Sanitarium is his home residence.

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We want every physician to know that

PHILLIPS' COD LIVER OIL

EMULSION,

Represents, in all essential features, the highest degreee of perfection in the Emulsionizing of Cod Liver Oil.

We believe it to be the only Emulsion not advertised to the Public.

PHOSPHO-MURIATE OF QUININE,

COMPOUND.

A RELIABLE ALTERATO-CONSTRUCTIVE,

Particularly applicable to conditions of **mal-nutrition.**
A reliable **tonic** in **convalescence** from the exanthemata, and of obvious indication in those cases whose deficiency of the Phosphates results in **glandular enlargements, scrofulosis, imperfect bone formation,** or **impairment of the central nervous system.** An easily appropriated and stable combination of the Soluble **Wheat Phosphates** with **Muriate** of **Quinine, Iron** and **Strychnia.**
Of greater strength than the various Hypophosphite compounds.

The above Preparations are put up in Dispensing and Trade Containers.

DIGESTIBLE COCOA.
WHEAT PHOSPHATES.
COD LIVER OIL EMUL.

The Chas. H. Phillips Chemical Co.,
77 PINE STREET, NEW YORK.

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The Keystone

to the arch of success, metaphorically speaking, in the

treatment of Typhoid Fever, and all Infectious and Acute Diseases, is the maintenance of the patient's nutrition. This can best be accomplished by a sedulous attention to the diet, which should consist of a palatable, predigested, concentrated and aseptic fluid food.

All of these essential qualities are contained in Liquid Peptonoids, which thus affords a most valuable supplement to a strict milk diet.

If Liquid Peptonoids possesses these advantages, is not our unprofessional reasoning plausible? We only ask you to verify our claims.

THE ARLINGTON CHEMICAL CO.,

YONKERS, N. Y.

Send 50c. for one year's subscription to "The Doctor's Factotum."

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The Letter of the Law.—We abstract from the *Bulletin of Pharmacy* for January, 1894, the following interesting note on therapeutics:

The law of New Jersey imposes a fine for adulteration of pharmaceuticals, and any preparation sold is deemed to be "adulterated" which differs from the standard of strength laid down for such preparation in the United States pharmacopœia. Suit was brought by the State Commissioner of New Jersey, about a year and a half ago, against two druggists (H. R. Leeds and A. D. Cuskaden), on a charge that each had sold tincture nux vomica which was found to contain less than "two per cent. of dry extractive," and a two per cent extractive was the standard of the U. S. P. at that time.

The tincture sold had been prepared from normal liquid nux vomica made by Parke, Davis & Co. The plaintiff's witnesses testified that it contained 0.712 per cent. of dry extractive; and the prosecution rested its charge upon this evidence, no attempt being made to establish any deficiency in the needful content of the *all important alkaloids*. Professors Remington, Hare, Marshall, and Bedford, and Dr. Eccles, on the stand, declared that the active constituents of nux vomica are its two alkaloids, strychnine and brucine, alone, and that the quantity of dry extractive forms no standard of strength, quality or purity, and may indeed be completely inert; that "tinctures of nux vomica made, as was the one in question, from the normal liquid, are far more reliable than tinctures produced in exact accordance with the U. S. P. formula, since the former are of uniform alkaloidal strength, and the latter subject to variations of medicinal potency."

The judge nevertheless decided, in one case, that such tinctures were adulterations within the meaning of the statute of New Jersey, since the requirement of two per cent. dry extractive had not been fulfilled. The other case is undecided still, but is deprived of legal basis, since in the revision of the Pharmacopœia (1890) the requirement was changed as regards tincture nux vomica; it is no longer two per cent. of extractive, but 0.3 per cent. of *total alkaloids*,—the identical alkaloidal strength which Parke, Davis & Co, the manufacturers of the normal liquid had adopted as their own standard for the tincture.

Those gentlemen bore the expense of the defense, and can now smile at the emphatic way in which time has rejected the decision of the New Jersey court. Five of the witnesses for the defense were members of the revision committee. They saw the absurdity of the thing, and hence the change in the standard in the U. S. P. It is a compliment to Parke, Davis & Co. that their standard for the official tincture should have been adopted by the U. S. P.

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The Therapeutics of Glycozone, Composition and Characteristics.

BY CYRUS EDSON, M. D., HEALTH COMMISSIONER, BOARD OF HEALTH, NEW YORK CITY.

Glycozone is defined by its discoverer, Mr. Ch. Marchand, to be a stable compound, resulting from the chemical reaction that takes place when c. p. glycerine is submitted, under certain conditions, to the action of fifteen times its own volume of ozone, under normal atmospheric pressure at a temperature of o°C.

The necessity us using c. p. glycerine is imperative, as a presence of the water or other foreign matter in the glycerine causes the production in the resulting compound of formic acid, glyceric acid, and other secondary products, that have a harmful effect upon animal tissues.

Glycozone has a pleasant, sweetish taste. Being hydroscopic it must be kept in tightly corked bottles, and, as long as it is kept in this condition, it does not deteriorate at a temperature of even 110 degrees F.

Antagonists and Incompatibles.—Glycozone, like peroxide of hydrogen is a powerful oxidizing agent, although its action is not as rapid or as energetic in this respect as the latter compound. Consequently, we can not safely prescribe it combined with any other drugs or chemical substances. Contact with metallic utensils decomposees it. We must therefore use glass or hard rubber vessels and syringes when administering it.

Physiological Action.—When taken into the mouth and stomach glycozone causes a feeling of warmth. It excites a flow of saliva and stimulates the gastric secretions. Being hydroscopic, it attracts to itself water from the surrounding tissues, but not with sufficient power to effect harm. This property is due solely to the glycerine base which enters into the composition. In very large doses, one or two ounces, it causes a feeling of distress in the epigastrium and is followed by loose, copious, watery stools, which are accompanied by severe cramps.

No effect is noted on the kidneys, the liver or the heart. Glycozone is undoubtedly slowly decomposed in the stomach, ozone being liberated, and the glyzerine uniting with the water from the tissues. The morbid elements, with which it comes in contact, probably hasten this decomposition, and in so doing are themselves oxidized and destroyed. The free ozone in the stomach, resulting from the decomposition of glycerine, aids the digestive process by its presence.

Therapy.—Glycozone is, in the opinion of the writer, the best known agent for the treatment of gastric ulcer. It is also one of the best remedies for the treatment of the stomach-catarrh of chronic alcoholism, and for chronic gastric catarrh from other causes. It is excellent for atonic dyspepsia, and for acid dyspep-

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ENLARGED PROSTATE
WEAKENED SEXUAL POWER
PRE-SENILITY
WASTING OF TESTES, OVARIES and MAMMÆ
SEXUAL IMPOTENCY
BRAIN EXHAUSTION
SEXUAL NEURASTHENIA

A RECONSTRUCTIVE AND VITALIZING TONIC
EACH PILL CONTAINS
EXTRACT OF SAW PALMETTO BERRIES FRESH
COCA LEAVES ..... ,,
DAMIANA ,, ... ,,
NUX VOMICA ..... WITH
ZINC PHOSPHIDE.

PIL PALMETTINE
(SABAL SERRULATA)
HALL
THE HALL CAPSULE CO
CHEMISTS
CINCINNATI, OHIO.
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REGULAR AND CONTINUED ADMINISTRATION OF THIS REMEDY IS NECESSARY TO OBTAIN PERMANENT RESULTS. AS IT REQUIRES FROM TWENTY TO THIRTY DAYS TO BRING THE SYSTEM THOROUGHLY UNDER ITS INFLUENCE

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BY MAIL PREPAID ON RECIEPT OF PRICE

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THE ANDERSON
VAGINAL CAPSULES
FOR THE LOCAL TREATMENT OF
DISEASES OF THE VAGINA AND UTERUS

THE MOST PRACTICAL, CONVENIENT AND CLEANLY MEANS FOR INTRODUCING REMEDIES INTO THE VAGINA:
ANTISEPTIC & PERFECTLY SOLUBLE
TAMPON MAY BE MEDICATED WITH ANY REMEDY INDICATED:
VALUABLE AS A PESSARY

Send for Descriptive Pamphlets

MEDICATING THE TAMPON

NO HANDLING OF DISAGREEABLE DRUGS!
LOSS OF MEDICATION IN THE INTRODUCTION.
SOILING OF LINEN.

ANNOYANCE TO THE PATIENT
OF FREQUENT EXPOSURE AVOIDED

By Mail prepaid on receipt of price 60¢ per Box.

THE HALL CAPSULE CO
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REPLACING THE TAMPON IN THE CAPSULE AFTER MEDICATING.

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"ARSENAURO"

BROMIDE OF GOLD AND ARSENIC

SOLE AUTHORIZED FORMULA OF DR W.F. BARCLAY -

Every 10 drops—the ordinary dose—contain 1-32 grain of gold bromide and 1-32 grain of arsenic bromide.

Scleroses, Rheumatoid Arthritis, Epilepsy,
Sciatica, Miliary Tuberculosis, Fibroid Phthisis,
Adenitis, Cirrhosis of the Liver & Lungs, Locomotor Ataxia.

ARRESTS FIBROID AND CALCAREOUS DEGENERATION

To the Medical Profession:

In view of the fact that special skill, care, and facilities are required for the manufacture of my preparations of gold, including, "Liquor Auri et Arsenii Bromodi," "Liquor Auri, Arsenii et Hydrargyri Bromidi," and others, and that without the exercise of such skill and care the result is a mere mixture of the salts employed, which in no sense resembles the complete combination in therapeutic value, I have deemed it important to place my preparations in the hands of competent chemists, and have granted the sole permission to use my formulæ to Messrs. E. M. JOHNSON & CO., 38 Platt Street, New York City. I respectfully refer my professional colleagues to this firm in all matters relating to the commercial aspect of the subject, while on the other hand I will be pleased to personally answer inquiries regarding the therapeutic action of the preparations.

Respectfully,
W. F. BARCLAY, M. D., 474 FIFTH AVE., PITTSBURGH, PA.

E. M. JOHNSON & CO., 38 Platt St., New York.

TREBLES,

SPECIFIC.

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THREE ELEMENTS WITH THREE REQUISITES GIVE THREE RESULTS.

IRON,	**NON-TOXIC ACTION,**	**TONIQUE,**
ARSENIC,	**ASSIMILATIVE DOSE,**	**ALTERATIVE,**
MERCURY,	**PROMPT RESULTS,**	**BACCILIDE,**

CONSTITUTES

ELIXIR THREE CHLORIDES.

FILLS THE PLACE FOR WHICH IT IS RECOMMENDED, DR. D. H. TAYLOR, WHEELING, W. VA.

CHRONIC ARTICULAR AFFECTIONS,

PAIN IN PARENCHYMATOUS ORGANS FORMERLY CALLED RHEUMATISM AND ATTRIBUTED TO EXPOSURE OR OTHER CAUSES, AND ALL DISEASES OF MUCOUS MEMBRANE ARE READILY RELIEVED BY HENRY'S TRI-IODIDES.

RENZ & HENRY PHARMACAL CO.,
LOUISVILLE, KY.

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sia. The writer has seen very gratifying results from its use in these distressing maladies.

In catarrhal and other stomach diseases except gastric ulcer, the remedy is best administered in one or two teaspoonsfuls in a wineglassful of water immediately after meals. In the case of gastric ulcer the dose and dilution should be the same, but it is better to give it when the stomach is empty, an hour or so before meals.

Glycozone has an excellent effect when used internally in cases of diphtheria. For this purpose a tablespoonful of glycozone is given in a wineglassful of water every three hours. As it is perfectly harmless, it may be used without apprehension. The following treatment is excellent in cases of membranous croup: The nose, throat, mouth, pharynx, and larynx should be sprayed copiously every two hours or so with a mixture of one ounce of Marchand's peroxide of hydrogen (medicinal), with four to six ounces of water.

The membranes are readily destroyed, and by using this remedy freely, their reproduction is prevented. Then one teaspoonful of glycozone, diluted in a wineglassful of water, administered three times a day, prevents any disturbance of the stomach, and regulates the bowels.

Remarkable benefit may be derived in the treatment of diseased conditions (ulceration and chronic inflammation) of the rectum and lower gut, by enemata containing glycozone, and for this purpose nothing excels the following formula:

Glycozone, 1 ounce.
Water, lukewarm, 12 ounces.

This should be mixed immediately before using and administered with a hard rubber syringe once daily. It is frequently desirable to use a smaller amount than the above mixture. The proportions 1 to 12, however, should be maintained. In cases of fistula-in-ano and of rectal ulcerations low down, an ounce of lukewarm water, containing a drachm of glycozone, administered once or twice daily, soon effects good, and in cases of ulcer, pure and simple, may be expected to radically cure the diseased condition.

External Uses.—After the cleansing of any diseased or suppurating surface by peroxide of hydrogen (medicinal), the application of glycozone stimulates healthy action and hastens the cure. For this purpose it has no superior in the entire range of therapeutics. It tends to check the discharge of irritating, unwholesome secretions and to prevent the infection of the sore by pathogenic organisms. Its action, in this respect, is explained by the fact that it is both powerfully antiseptic and stimulant.

Follicular Pharyngitis, chronic coryza and ulcerative stomatitis are all benefited by frequent applications of glycozone. As an application to ulcerated cervix-uteri and in tumefied conditions of the cervix and uterus, it is far superior to pure glycerine.

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In these cases, and for the cure of leucorrhœa, the remedy should be applied on small rolls of lint, or absorbent cotton, the vagina having first been thoroughly washed with an injection of peroxide of hydrogen one part, water four parts. This procedure should be repeated twice daily.—*Published by the Times and Register, Philadelphia, Pa., April 22, 1893.*

Petroleum and Hypophosphites In Tuberculosis.

BY H. RAINSFORD, L. R. C. P. & C.

On March 29th last I was called to attend a boy, W. B., aged five years, who had been poorly for some months, and occasionally under my care for chronic cough, want of appetite, etc. I found him suffering from whooping cough, and fits occurring about twenty times per diem. He belongs to the pale, fair-skinned, bright-eyed type, which is supposed to be especially liable to tubercular disease.

On examining his chest I found mucous rales all over back and front of both lungs, great frequency of respiration (sixty per minute), but no other physical signs. Vomiting was frequent. Fever of a hectic type was present, and the evening temperature 102 or 103 degrees, being normal in mornings. Perspiration was very copious after coughing. From all these signs and symptoms, added to the fact that his father suffers from phthisis, and he had tubercular cystitis, I diagnosed acute tuberculosis of the lungs. Up to the 12th April the boy continued to waste until he was little more than a skeleton, and I did not think he had many more days to live. On that date, however, having received a sample of Angier's Petroleum Emulsion with Hypophosphites, I decided to try it on him, and after two days, finding him slightly better, I continued this medicine, with the result that on 19th April the cough occurred only once or twice in twenty-four hours, whilst a slight hacking cough remained. A few days later temperature was quite normal in the evenings as well as mornings, and only one or two fits of coughing occurred in the course of a day, whilst the child could take food heartily, rapidly gained flesh, and could run about the room: whereas ten days back he was unable to stand alone. Of course, I know that the diagnosis in this case may be open to question, though there is little doubt in my mind. But most certainly the boy was reduced to extreme weakness and emaciation, and is now in fairly good health. Not having seen any results of a trial of this drug or combinatiou of drugs published in this country, I shall be curious to know if any other members of the profession have found it of use in similar cases.—*The Med. Times and Hospital Gazette*, May 6, 1893.

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Original Contributions.

For Texas Medical Journal.

CYSTS OF THE SPERMATIC CORD AND TESTICLE.

BY JAMES E. THOMPSON, M. B., B. S., LOND. UNIV., F. R. C. S., ENG.
Professor of Surgery, University of Texas.

CYSTS of the spermatic cord and testicle are usually the results of morbid processes occurring in embryonic structures. In the cord, the funicular process is responsible for most of the cysts. This process may close only at two points, viz.: just above the testicle and at the internal ring, leaving a fully formed tunica vaginalis and a cavity above, which may fill with fluid and form a long, sausage-like cyst reaching the whole length of the cord. Again, the process may be obliterated at intervals, leaving a string of potential cavities which, when filled with fluid, appear like beads on a string. In the lower part of the cord, just above the testicle, the cysts may have a different origin. We have here a portion of the Wolffian body, the so-called organ of Giraldès, remaining functionless, but whose ducts may at any time become distended with fluid, forming a cyst which can with difficulty be distinguished clinically from those lying in the head of the epididymis.

Cysts of the epididymis usually occupy the head of that organ, their most common situation being the upper angle where the head joins the testicle. Here they result from distension of the hydatid of Morgagni (upper end of Mullerian duct) with fluid, and the cyst projects into the cavity of the tunica vaginalis.

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The other cysts in the head of the epididymis have one of two origins: (1) from one of the vasa efferentia, the contents often being a milky fluid full of spermatozoa (spermatocele), or (2) from an accumulation of fluid in the connective tissue lying between the convoluted tubules of the epididymis. Occasionally, but rarely, a cyst may be found lying between the visceral layer of the tunica vaginalis and the tunica albuginea (encysted hydrocele of the testicle). Another rare condition is a cystic dilatation of the vas aberrans (one of the posterior tubules of the Wolffian body), producing a tumor situated at the tail of the epididymis. The two last conditions are so rare that they need little consideration.

The diagnosis of these cysts is usually very easy, but occasionally it is quite impossible to distinguish clinically between the different varieties. Cysts of the cord, and particularly those which lie in the inguinal canal, are often mistaken for hernia. I have been often called in consultation on cases of this nature, only to find, on careful examination, that one had to deal with a hydrocele of the cord. Usually, by traction on the testicle, the cyst can be pulled out of the inguinal canal, and a careful examination will demonstrate its translucency. This symptom is not to be relied on altogether in young children, as an enterocele free from fæcal contents often transmits light perfectly. There is usually an impulse on coughing in these cases, and this becomes more marked the nearer the cyst lies to the internal ring. This impulse is not exactly like that given by a true hernia; it is less expansile and less direct. It requires experience to be fully appreciated. Cysts occupying a position lower down the cord are easily recognized; when associated, however, with an irreducible hernia, their signs may be masked. I operated once for radical cure of hernia, and removed three cysts of this nature from the anterior surface of the hernial sac.

The cysts of the testicle and those lying at the head of the epididymis can hardly be distinguished from one another with certainty, nor, before operation, is it of supreme importance that they should. One should, however, be careful not to mistake the thickenings of the epididymis resulting from gonorrhœa for a cyst of new formation.

Cysts due to the echinococcus are so rare that they hardly need special consideration.

The treatment of these conditions is essentially unsatisfactory, and often leads to much heartburning and discontent on the part

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of the patients. Recognizing that my earlier results in treating these cysts by puncture and injection of some antiseptic irritant had been attended by almost uniform failure, I have, during the last few years, whenever I have been permitted, attacked them by the open method, making a complete dissection and removing them entirely. This method I have employed not only in cases of cysts lying in the spermatic cord and the head of the epididymis, but have followed Bergmann's plan of treating ordinary hydrocele of the tunica vaginalis by complete excision of the parietal layer. Although this method may seem somewhat radical, I am convinced that in careful and skillful hands it is less innocuous than the treatment by injection. Given a clean, quick operator, and a well prepared patient, the case progresses from first to last without the slightest disturbance; pain is an exception, and suppuration an unknown quantity.

The preparation of the patient is perhaps the most important part of the whole procedure. It is an exceedingly difficult matter to thoroughly disinfect the scrotum, because the hair follicles, in spite of the most careful washing, still retain micro-organisms which may infect our wound. The scrotum and pubes should be carefully shaved the night before, and boracic acid fomentations applied for twelve or fourteen hours, until within two hours of the time fixed for operation. The scrotum is then washed again, and carefully wrapped in a towel soaked in bichloride of mercury, 1-1000. In this condition the patient is anæsthetized, and, when thoroughly unconscious, the part is again washed, shaved, and irrigated with bichloride. By this means we can in most cases disinfect the skin, but oftentimes we may find to our dismay that stitch abscess will result.

The conduct of the operation depends on whether the cyst is seated in the cord proper, or projects into the cavity of the tunica vaginalis. If in the cord, the cyst is pinched up between the left thumb and forefinger, and an incision made over it parallel to the direction of the cord. Occasionally this is hard to accomplish, particularly if the cyst be situated in the inguinal canal. However, in most cases, if an assistant drags on the testicle, the cyst can be drawn outside of or up to the orifice of the external ring, and an incision is made over it in this situation. I have never had occasion to slit up the aponeurosis of the external oblique to get at a cyst, but, should occasion require, I should do it without the slightest hesitation. Having cut carefully through the skin and the fascial coverings of the cord, the cysts can, as a

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rule, be easily shelled out, and, if multiple and arranged like beads on a rosary, they should be dissected out one by one. Great care should be taken not to injure the vas deferens during this performance, but no particular fear need be entertained if the spermatic veins are torn, although any injured vein must be carefully tied (not twisted) to prevent the wound from subsequently filling with blood. The veins of the cord have a great tendency to reserve their bleeding until the operation is finished, and a careful search should always be made before closing, to see that no small vessel has been left unsecured. It is often insisted that if the spermatic artery be wounded, there is great risk of sloughing or atrophy of the testicle. I have wounded and tied the spermatic artery dozens of times in the operation for varicocele, and have never found such a result. All that is necessary is to preserve the integrity of the vas deferens and its artery, and the testicle will remain intact.

Occasionally the cyst may be very hard to separate from the structures of the cord. In one case, after having determined to operate, I found when the patient was on the table that the cyst was exceedingly difficult to find. After a careful dissection the lower end was isolated, the vas deferens was with great difficulty separated from it, and a cyst fully one inch long was removed from the portion of the cord normally lying in the inguinal canal. It was not necessary here to slit up the external oblique muscle, as traction on the testicle enabled me to pull the cyst entirely outside the external ring.

If the cyst lie in the head of the epididymis, it will be necessary in almost all cases to open the cavity of the tunica vaginalis. An incision is made through the parietal layer large enough to allow the testicle to slide out, and the cyst will at once come into view. The visceral layer of the tunica vaginalis is carefully incised and separated from the cyst wall by the blade of a blunt pointed pair of scissors. A few side movements are sufficient to enucleate the cyst from its bed, and it can in most cases be removed whole. This method applies more to those cysts which result from dilatation of the hydatid of Morgagni (Müllerian duct) than to cysts which lie deeply embedded in the substance of the epididymis, and which result from dilatation of one or more vasa efferentia. These latter may become very large and numerous. In one case, I found that the epididymis was occupied by four large cysts which seemed to communicate with one another, and which had caused atrophy of the whole organ, ne-

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cessitating castration. If the cyst can be completely removed, as above described, the rent in the visceral coat of the tunica vaginalis is united with a catgut suture, and the testicle replaced in the parietal coat, another catgut suture being placed in this. The treatment of the skin incision requires some care. It is my practice to unite the deeper tissues together with a few buried catgut sutures, and then to suture the edges of the skin separately. Halstead's suture is an excellent one for these wounds, but I have found that if care is not taken, the edges of the skin have a great tendency to turn in and prevent union by first intention. I therefore employ numerous interrupted sutures of catgut or horsehair; the catgut sutures having this advantage, that they need not be removed. The horsehair sutures are non-irritating, and can be left in for a week or ten days. A dressing of iodoform gauze is placed over the wound, and sublimated cotton over this. The penis is pulled through a hole in the dressing, and over all is placed a square of oiled silk, with an aperture left for the penis to emerge. The dressing is then fastened on with a triangular bandage, and strict orders are given that the patient is not to be removed from the recumbent posture for at least three days. It is as well, if the patient is in a private house, to look forward to the necessity of drawing off the urine for a short period after the operation. Retention of urine is often a troublesome complication, but seldom lasts longer than twenty-four hours.

For Texas Medical Journal.

OSTITIS

BY MATHEW M. SMITH, M. D., AUSTIN.

Read at the meeting of the Austin District Medical Society Dec. 21, 1893.

GENTLEMEN:—The paper I present to-day will be very brief. But I was anxious to have the subject discussed, and had two beautiful bone specimens to exhibit, was why I appeared before you.

Bone being the framework upon which our bodies are built, makes it of great importance; although it is the hardest structure of the human body, yet it is full of blood vessels, lymphatics nerves, etc., and is subject to disease just as the softer parts.

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Inflammation of bone is not of uncommon occurrence, and may involve both the soft and more compact portions of bone and its coverings, the periosteum and endosteum. Such conditions are more apt to obtain in early life, owing to the increased blood supply to bone at that age. The bones least covered by tissues are most prone to inflammation.

I shall confine my remarks to ostitis, as the causes, symptoms and treatment in periostitis and endostitis are much the same, though usually lighter in periostitis alone, but as a rule, two or more of these structures are affected simultaneously, owing to their intermediate relations.

In ostitis the bone seems somewhat enlarged, and may gradually lose its density, and become soft and infiltrated with sanguino-plastic material. The capillaries are numerous and full, hence the bone has a reddish appearance. The cellulo-fibrous network is alone the seat of inflammation. The inorganic matter does not undergo change, but may become separated, by the inflammatory changes, from the organic structures. The fibrous matrix of bone undergoes a change, into a fatty transformation. The inorganic material thereby becomes disintegrated, and may be absorbed. By this fatty transformation, there is softening. But the Haversian canals, lacunæ and canaliculi begin to disintegrate and are absorbed, and as a result these cavities show increased size under the microscope, and the compact structure therefore shows a rarified or porous character, and within these spaces the fatty matter and earthy salts and the products of the inflammatory action accumulate; and one kind of deposit results in the hypertrophy and induration of the bone, while the other in an increased softening and disorganization. I present here specimens, one showing the softening, and the other the hardening process by inflammatory action.

If the ostitis be superficial the periosteum is involved, and when deep the endosteum. Ostitis may end in resolution, which is recovery by a gradual disappearance of the morbid symptoms; or terminate with enlarged or indurated bones, or pass into more serious conditions, such as suppuration, ulceration, softening, etc.

Causes of ostitis are manifold, but may be grouped into traumatic and constitutional. Those of the latter are such as syphilis, rheumatism, gout, tuberculosis, etc.

Symptoms.—Usually there appears a deep seated wearing pain in the beginning, grows worse, and is very severe and boring in nature, which is increased by motion, pressure, dampness, etc.,

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which becomes worse at night. Enlargement of the bone becomes perceptible, swelling with some pitting of soft parts, and the skin is glossy with an erysipelatous blush. Fever and thirst, dryness of skin. If not relieved, the soft parts suppurate, and rigors, sweats and delirium may even follow. Symptoms of chronic fevers resemble those of the acute form, except they are not so general but of longer duration. The joints may become involved, or the veins carry this abnormal material to the lungs with evil effects.

There is an ostitis deformans described by Sir James Paget, but it is of rare occurrence, and I shall not encroach upon your time with a description of it.

Treatment.—General antiphlogistic treatment should be instituted at once. Calomel with opium, perfect rest and especially hot anodyne applications, especially lead water and laudanum. May use blisters or cantharidal collodion or iodine. If you suspect pus, use the knife and remove it, and if necessary to reach it, resort to the trephine. Keep the parts when once opened, dressed with antiseptic precautions. In the chronic form of ostitis it will be necessary to use alteratives, likely counter-irritation will be useful, and such remedies as cod-liver oil, iodine of potassium, etc.; and finally when all these remedies fail you, and your patient continues to grow worse, and the suffering becomes great, and life is in danger, advise amputation as a dernier ressort.

I shall close my paper by referring briefly to two cases operated upon at the hospital, and exhibit the specimens obtained.

CASE I. A. S., age about 70 years, negro man. Gives history of good health, no syphiltic or rheumatic history. Says about twenty-five years ago there commenced a small sore on the side of his leg, which he thinks was poisoned by working in the field in the grass, etc. Claims he always had this sore on the leg, but it would improve at times.

When I saw him he suffered severe pain, could not rest for it; had high fever, much thirst, and no appetite. Had been helpless for months. On examination I found the leg much swollen, pitting on pressure, and upon it was a very large chronic ulcer of the leg, with a foul discharge and unhealthy appearance. Closer examination showed a large cavity in the bone from ulceration, and evidences of the tibia and fibula being diseased largely throughout.

After proper local treatment and tonic and hygienic treatment,

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his health improved some, and I advised an operation, which was done, amputating in the lower third of the thigh. The patient made a good recovery, and I present herewith the specimen obtained.

CASE II. A. M., white man, shepherd, age 60. Gave a history of a chronic ulcer of the leg for twenty-five or thirty years. For many years it would heal up in the winter, and break out in the summer. He could partly follow his vocation, but for the last year or two he was unfit for work, and suffered much pain, and he was so despondent and wretched that he made several attempts at suicide.

Upon examination I found a large chronic ulcer, with unhealthy granulations. The leg was but little swollen, but was hard and dark in color for a large extent, showing the ravages of former attacks, but poorly nourished, and the bone by examination through soft parts, showed evidence of disease. The patient was anxious for an operation, and declared that without it he would seek death. So after a useless attempt to heal the parts, I decided to operate, amputating in the upper third of the leg, during which I had much difficulty in ligating the vessels, owing to a calcareous condition of them. I finally succeeded in tying them high up in the stump. But later the soft parts below the knee became gangrenous, for lack of blood (the anastomosis being very slight above the ligatures). I was therefore compelled to do a secondary amputation (lower third of thigh). The patient made a perfect recovery, and I exhibit the specimen as obtained.

The two cases I report show the results of ostitis in many respects, both acute and chronic, with complications.

For Texas Medical Journal.

TRAUMATISM AS A FACTOR IN OVARIAN PATHOLOGY.

BY JAMES KENNEDY, M. D., PH. G.,
Professor of Pharmacy, etc., Texas Medical College, Galveston.

THE subject of traumatism as a factor in the production of pelvic lesions was forcibly brought to my notice some eighteen months ago, when I had occasion to operate upon a young lady for the removal of both ovaries.

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The patient had been thrown from a car with considerable violence and disease of both ovaries supervened.

The case was reported in DANIEL'S TEXAS MEDICAL JOURNAL, upon the patient's recovery, but the legal features of the case have never been given to the profession. They are of such an interesting nature that I feel warranted in reporting them in this connection.

I will briefly summarize the facts by stating that two separate suits were instituted against the railroad company, one to recover expenses and the other to obtain damages for injuries received.

The corporation, against whom the suit was brought, tried to prove that the girl sustained no serious injuries, and any permanent injury or disability from which she suffered, was due to the treatment or operation; the latter being entirely unnecessary.

In producing their testimony the company placed upon the stand a distinguished physician, who testified, in the capacity of expert, that the operation for the removal of the ovaries in the case of this girl was not only wholly unnecessary but unjustifiable. This distinguished operator stated under oath that it was not possible for an accident of this character to produce the lesion diagnosticated by the operator and confirmed by the operation. He further stated, that inasmuch as the ovaries were the best protected organs in the body, they were entirely secure from the dangers of any traumatism which did not occasion a solution of continuity of the external structures. This opinion was shared by several other physicians of good attainments.

A statement so remarkable as the one quoted, and emanating from a man of reputation, merits the most serious consideration.

In the progress of the trial or suit it was proven that the health of the patient had always been good, and that no disturbance of the menstrual function was experienced until after the receipt of the injury. (For a detailed account of the case the reader is referred to the September number of the journal above quoted.) It was further shown that the constitution of the patient had always been of the most robust type. The girl's testimony and that of her physician showed that immediately after the receipt of the injury menstruation became irregular, and that the symptoms which are so characteristic of ovarian disease, supervened. Several consultants, including the authority referred to, were called, and all admitted the presence of a pathological process in

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the left ovary, but there were several who questioned the probability of a diseased process in the right ovary. Operation was decided upon by her physician and stoutly opposed by my distinguished consultant. Recovery resulted. The ovaries, when removed, showed evidence of degeneration, of the cystic variety. One ovary, the left, was found to be about four times the size of normal, whilst the right was increased in size, though not so large as the left.

As the joint suits involved thirty thousand dollars, the case was very vigorously contested, and, as may be imagined, the result was looked forward to with no little anxiety by the writer. Judgment was obtained in both cases, and while the amount was not that sued for, especially in the case of the damage suit, it decided the question of the justification of the operation and was a great satisfaction to the operator.

In this day of bacteriological enlightenment and research the causative factor in all manner of disease is said to be of microbic origin, and every other factor is made subservient to theories which make the germ all-powerful in the domain of pathology, without according to them their share of importance, or acknowledging their influence in the production of visceral lesions. It is not my design to lessen the importance of germ-influence, but to impress the importance of mechanical violence in the production of diseased processes in the ovaries.

I am well aware of the fact that there are many physicians and surgeons who are of the opinion that an inflammation of any viscus cannot exist without the presence of pus, and necessary pus-producing germs. I do not deem it expedient to discuss, in this connection, the essential feature of a true inflammation, but will here state that it is my opinion, which is based upon observed cases, that there are many lesions of the pelvic organs which are induced by traumatism and which are quite independent of pus-formation, For instance, in the case of the patient just referred to, structural changes of the parenchyma of the organs were produced by the violence, and suppuration, which is considered one of the essential features of inflammation, was entirely absent.

In the case of a married lady who had never borne children, and upon whom I had occasion to operate for the removal of the uterine appendages, some months since, I found the organs diseased in an exactly similar manner as the specimens already referred to. The history of her case showed that she had sustained

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an injury to the pelvic organs as the result of a fall received some years before. The adhesions were very firm and dense, showing that the inflammation process had existed for some time. The symptoms of disturbed nutrition supervened upon the receipt of the injury and increased in severity. On examination the ovaries were found somewhat enlarged in size and adherent by strong bands which bound them firmly in their unnatural position.

On their removal they were found to have suffered pronounced structural changes. I have had occasion to examine and treat a very considerable number of cases which presented similar histories, and in which examination showed that the organs had assumed a pathological condition, with no previous or concurrent condition of purulent inflammation. That is, in none of the cases to which I refer was there any leucorrhœa, or evidence of pus in the organs removed. It is my opinion that traumatism is capable of disturbing the nutrition of the pelvic organs in a manner precisely identical to that which is so manifest in other organs more superficially located, and that while in many cases germs find access to the structure whose vitality has been lowered by violence, their presence is not at all necessary to produce degenerative changes. I cannot agree with those who hold that *if it were possible for an ovary to suffer violence*, in the absence of germs, the nutrition of the organ would be restored spontaneously.

Cases which have come under my observation have convinced me that the following changes are produced in the healthy ovary as the result of violence: Hyperæmia, from the irritation, followed by congestion, transudation of serum, and, if the malposition favors, the formation of adhesions through the organization of the exudate. If conditions do not favor resolution, the serum, which is poured out into the Graaffian follicles, distends them to the extent of obliterating the parenchyma of the organ. There is to my mind no valid reason why the same changes which occur in the inflammation of the peritoneum in other parts of the body as the result of traumatism, should fail to obtain in the pelvic peritoneum. It is a patent fact that the ovaries and uterus may suffer displacement as the result of violence, that an ovary may be prolapsed or a ligament torn, and in such an event a pronounced disturbance of nutrition may result, producing the conditions to which I have just referred.

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For Texas Medical Journal.

TREATMENT OF UTERINE FIBROIDS.

DR. AUGUSTIN H. GOELET, in a paper read before the New York County Medical Association (*American Medico-Surgical Bulletin*, January 1, 1894), says, the important question which arises in dealing with these growths is, when is interference demanded, and what treatment is indicated. A careful review of the literature of the subject and the opinions of those who are entitled to be regarded as speaking authoritatively, leads to the conclusion that the majority do not regard the removal of these tumors indicated, unless they give rise te sufficient inconvenience to warrant the risk of the operation and the mutilation which it involves; that the mortality attending their removal is still too great, even in the hands of expert operators, to warrant its being lightly undertaken. If, then, it is possible to relieve the symptoms caused by these growths, the actual necessity for operative interference is narrowed down to a very small field.

The writer does not agree with certain ultra-gynecologists, that these tumors should all be removed when they are small and cause no inconvenience, but he strongly urges that they should be submitted to treatment in this stage, because treatment yields the best results when the tumor is small and of recent growth. The indication for the different methods usually employed are carefully reviewed; electricity, curettement, hysterectomy, and removal of the appendages.

Of electricity he says, that frequently a symptomatic cure is all that may be anticipated. The results that may be obtained by this method are classified as follows:

(1) Cure of co-existing endometritis.

(2) Loosening of adhesions between contiguous peritoneal surfaces.

(3) Relief of pain and pressure symptoms.

(4) Control of hemorrhage.

(5) Arrest and some retrogression of the growth.

The writer takes a bold stand in favor of vaginal puncture, believing it to be perfectly safe if properly done and strict asepsis is observed; that is, if as much care is taken with this as with other grave surgical operations. He believes that more success would have followed the use of this agent if puncture had not

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been abandoned as a hazardous measure. He believes, likewise, that it is important to discriminate in the choice of the pole to be employed against growths of different structure, just as important, in fact, as in dealing with such growths as warts, moles and nævi upon the external surface of the body; that is, when the structure is hard and fibrous the negative pole should be selected, and that when it is soft, or myomatous, the positive.

The writer lays stress upon the fact that both sub-peritoneal and sub-mucous fibroids, when pedunculated, are not amenable to treatment by this agent. He positively declares that, though assertions to the contrary have been made in some quarters, the proper use of electricity in these cases does not complicate a subsequent operation for the removal of the tumor, but, on the contrary, its use facilitates the removal of adhesions and produces a marked improvement in the general condition of the patient. In fact he often employs it for improving the local condition and for building up the health of the patient preparatory to an operation. It has been asserted that the symptoms return after discontinuing treatment, but the writer believes that when this occurs it is either due to a mistaken diagnosis or a faulty technique, which may be unavoidable.

Curettement, he thinks, is useful as a preliminary measure, but it does not yield a permanent result. In support of this opinion attention is directed to the fact that the mucous membrane removed by the curette is rapidly reproduced, and the same causes for the hemorrhage, which previously existed, still remain. For the control of hemorrhage, when both these measures fail, he advocates ligation of the uterine arteries *per vaginam*, as suggested by Martin, of Chicago. He expresses no confidence in ergot alone in these cases, but regards it as a useful auxiliary in the treatment of certain sub-mucous and soft interstitial myomata when it is desirable to excite uterine contraction.

Goelet believes that the principal indication for hysterectomy is to be found in large sub-peritoneal and very large and hard interstitial growths which yield little, if at all, to any form of treatment. In these cases, even if the symptoms are relieved, their size is usually a source of so much inconvenience as to warrant the risk of their removal. This operation would also be indicated where treatment fails to permanently control the symptoms, when the tumor is situated unfavorably for treatment, and when complicated by disease of the appendages.

Removal of the appendages, for the purpose of inducing an

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artificial menopause, which may exert a favorable influence upon the tumor, is not regarded favorably. In his experience, as well as that of others, it is productive of very little good, and he strongly urges that when the abdomen has been opened you should not stop short of removal of the whole tumor, unless it is impossible to separate it from its attachments.

For Texas Medical Journal.

DO NEWSPAPERS FOSTER ABORTION?

BY HENRY RYDER-TAYLOR.
(Of the San Antonio (Tex.) Daily Light.)

FOR the November issue of the TEXAS MEDICAL JOURNAL I wrote an article, "Newspapers vs. the Doctors," and I was glad of the opportunity of placing the newspaper men's views before the profession, in order that we might better understand each other. For this purpose a fair showing was given; but in the same issue there are editorial comments that are inaccurate, or from which I differ, and which call for an answer.

In the first editorial comment, the newspapers, upon the authority of the *Lancet Clinic*, are accused of prostituting their telegraphic columns for medical advertising purposes, and it cites the alleged letter of George E. Gurrier to the *Anzeiger*, ordering the publication of two Amick advertisements as fake telegrams, and says that the same orders were sent to three hundred daily papers. My professional experience taught me that this, to say the least, was irregular, and I then doubted the accuracy of the statement, but I was not in a position to deny or affirm it. Since then I have written Mr. George E. Gurrier, who is a well known telegraphic correspondent of New York, and he gives an absolute denial to the statement. He further hints that the *Lancet Clinic* will have to answer for libel, and he gives reasons for the action that I am not at liberty to state. If Mr. Gurrier's statement is true, then this editorial comment, based upon false premises, is wrong, and the newspapers are vindicated of the charge it makes against them.

The second editorial comment makes a far more serious charge. It accuses the newspaper of fostering abortion! And why? Simply because it advertises preparations that, as I am informed, can and are legitimately used for the cure of female diseases, but

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which, if used in an unproper way, may and will produce abortion. This argument seems to be as illogical as it is unjust. There are many preparations advertised in the JOURNAL that, improperly used, would have the same effect; there are others that, used in a nefarious way, would cause death, and yet I would never think of accusing it of fostering abortion and murder. Then again, the newspapers simply advertise. It is the druggist who handles, sells and derives his profit from the sale of these articles, and it is he who knows their nature and properties. Who, then, is the most culpable? The newspaper or the druggist? Why, the druggist, and yet your whole censure falls upon the newspaper man. I protest against this injustice, and, I think, upon reconsideration you will realize the justice of my protest.

The law has made stringent laws respecting abortion, and on the whole I am inclined to think that this is well; but while man is aggressive and perfidious, and woman weak and trusting, these things will continue, and illicit offsprings will be created. Knowing and seeing what I have in the world, I have often wondered whether the premature abortion of a *fœtus* would not be preferable for humanity at large than seeing respectable families disgraced, and the offspring either murdered *ex-utero* or cast upon the world as a waif, to grow up as an outcast and a criminal, and perpetuate his or her viciousness in their offspring, a viciousness that is not inherent in nature, but created by circumstances. But mind, I am not advocating any such theory, but simply expressing a doubt that has crossed my mind as it has, probably, many others.

That abortion is carried on in the United States, and to an alarming extent, is an admitted fact, even among the married, who have the least excuse for the crime; and the criminal records show that qualified doctors have figured largely in those annals. There is, too, every reason to believe that a great number exist undetected, and can be found in every city. Even in San Antonio application for such purpose has been made, the condition verified, and the demand refused, yet the patients have been relieved of their burden. How, none know otherwise than surmise, yet the end has been attained. I have every faith in the honor of the medical practitioner, as a rule, and I believe that few would commit such a crime and incur its risks, but cupidity, necessity and circumstances are powerful stimulants, and there are black sheep in the whitest of flocks. In my re-

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marks I am simply stating cold facts based upon my personal knowledge, and I have no wish to offend or cast a slur upon any reputable physician, for I honor the profession; but here I would rise to remark, have you ever known a reputable newspaper man to be engaged in abortion, or to advocate the crime? I contend that in advertising these preparations that have a lawful, medical and beneficial use, the newspapers are not wrong, and that, if they are misused, they are no more to blame than the doctor would be if his patient took an overdose or fatal dose of medicine, contrary to instructions. In the abuse, not the use, lies the danger. After these arguments I do not think any can truly say that newspapers foster abortion.

Current Medical Literature.

DEPARTMENT OF THERAPEUTICS.

EDITED BY DAVID CERNA, M. D., PH. D.,
Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc.

THE USE OF ERGOT IN LABOR.—From a clinical study of the uses of ergot in labor, Dr. R. B. McCall, of Hammersville, Ohio (*American Medico-Surgical Bulletin*, Feb. 1, 1894), draws the following conclusions: 1. That ergot is a true oxytocic by virtue of its unaided power exercised on the uterine center of the medulla spinalis, to excite the gravid uterus to contract on its contents. 2. That in all cases of hemorrhage from non-gravid relaxed uterus, ergot in suitable dosage compels firm, persistent contraction. 3. That, in view of the two facts last named, its employment as a safeguard after delivery of the placenta is conservative and practical, and devoid of danger. The author also believes that the drug possesses some value as a hemostatic.

THE MEDICINAL TREATMENT OF TYPHLITIS.—The *Revue Générale de Clinique et de Thérapeutique* for December 6th, gives a summary of M. Grasset's views on this subject. The therapeutical indication, he says, varies accordingly as there is an actual acute inflammatory attack, or as the case is one of recurrent typhlitis between the attacks, or as there is typhlitis with per-

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sistent cœcal engorgement. In the last named case, medicinal treatment usually fails, and an appeal to the knife becomes a necessity. In the case of a recent typhlitis with acute exacerbations, the physician may treat the appendicular colic, combatting the pain with warm baths, evacuating the intestinal contents, and, if possible, resolving the inflammation. M. Grasset fulfills these various indications as follows: 1. He gives a full warm bath of from half an hour to an hour in duration. 2. Every hour, the patient is to take a teaspoonful of a purgative potion, consisting of one part each of castor oil and oil of sweet almonds and two parts of syrup of lemon, until a copious evacuation of the bowels has been produced. 3. The iliac region is to be annointed with an ointment consisting of mercurial ointment and belladonna, and this is to be followed by the application of a large, hot, thin poultice of linseed meal. In very stubborn cases, M. Grasset adds to the purgative potion a drop of croton oil. In cases of recurrent typhlitis, the treatment during the interval consists in preventing overloading of the intestinal canal, and in the use of antiseptics, revulsives, and resolvents to the seat of inflammation. For this purpose he advises: 1. A diet that leaves little residue. 2. Every week the application of the actual cautery to the painful and infiltrated region: also every day or as often as may be necessary, frictions with an ointment containing belladonna. 3. To overcome constipation, at bedtime a a laxative pill, consisting of one-sixth of a grain each of powdered belladonna and podophyllin. 4. The insurance of intestinal antisepsis by taking before and after each meal a capsule containing seven or eight grains of benzo-naphthol.—*New York Medical Journal*, January 27, 1894.

Sulphate of Copper in the Treatment of Syphilis.—Dr. A. F. Price, of the United States Navy (*Medical Record*, February 3, 1894,) gives his experience in the treatment of syphilis with sulphate of copper. He has employed the drug in various stages of the disease, and the results obtained lead the author to formulate the following conclusions: 1. Copper exercises a specific action in syphilis, which is especially directed toward the lymphatic system. It is, for this reason, more radically curative than mercury. 2. It is slow in removing the skin symptoms of the secondary stage. 3. It prevents the development of mucous patches and throat symptoms. 4. It is a very active drug, and it is wise to omit its use one day in a week, and sometimes more

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frequently. The signs of its excessive and injurious action are first a voracious appetite, and this is rapidly followed, if the dose is not reduced or the drug temporarily discontinued, by prostration, giddiness, pallor, and a rapid and weak pulse. 5. The average dose of sulphate of copper is $\frac{1}{80}$ of a grain thrice daily. It is better to give it with the sulphate of iron. It can be given either in pill or solution. 6. This dose is absolutely dangerous in cases of syphilitic cachexia. It produces at once excessive and alarming prostration. If a sufficiently small dose of the drug is given at first, a tolerance of it is gradually established, so that the average dose may in time be obtained. The author is inclined to think that in some cachectic cases as small a dose as the 1-10000 of a grain may be necessary, given once daily. The use of iron, arsenic, and iodide is also usually necessary in old syphilis.

NITRATE OF ACONITINE IN FACIAL ERYSIPELAS.—Dr. Tison has used this remedy since 1888, in every case of erysipelas which has come under his treatment. The results have been highly satisfactory. Pain and other symptoms have been rapidly subdued, save in two instances, and in neither of these could the complications which arose be due to the treatment. Although nitrate of aconitine is highly poisonous, if used as suggested by the author, the danger of untoward symptoms is very slight. The alkaloid is dissolved in a mixture of glycerine, alcohol, and distilled water, the mixture having the same specific gravity as water, and containing one milligramme in fifty minims. Only two to four milligrammes are required in any one case. The method of procedure is as follows: According to the condition of the stomach, either an emetic or a purgative is administered, immediately after which nitrate of aconitine is given in a mixture containing one milligramme for the twenty-four hours' dosage. The affected part is painted with a saturated ethereal solution of camphor, which acts as an excellent sedative. When all signs of inflammation have subsided, the part is washed with a solution of lysol.—*La Semaine Médicale—Medical Record*, February 3, 1894.

THE USES OF CATARTHINIC ACID.—This acid has been obtained from senna by M. Gentz (*Vratch*, No. 30—*Nouveaux Remêdes*, November 24, 1893—*Journal de Mêdecine de Paris*, December 17, 1893). It appears in the form of a brown powder,

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little soluble in water. This purgative may be given in the dose of five to fifteen centigrammes, and its effects are manifested eight to ten hours after administration. On healthy subjects, having taken the remedy solely to study its physiological action, it causes frequent stools (about five in half a day) and mild colic. In persons affected with chronic constipation, on the contrary, colic is not observed in the generality of the cases. The action of the medicine is more slow and less attended with disagreeable sensations. Thanks to this latter circumstance, and taking into consideration the absence of all disagreeable taste, and the certainty and energy of its action, the author was able to predict for the catarthinic acid an honorable place among the purgatives. In infants of two to four years the acid was prescribed in a dose of 0.05 gramme mixed with sugar, and a dose of 0.15 gramme for adults. Dehio tried the medicine on five well persons, and five persons suffering from chronic constipation. He offers the following formula:

℞—Catarthinic acid.. .....0.05 to 0.15 gramme.
White sugar.....0.30 to 0.50 gramme.
M. For *one* powder. Of such a powder take one every hour or two.

Dehio has not yet had occasion to study the action of the catarthinic acid for a long time, but considering the results of his ten trials, he is much inclined to hope that in these cases the remedy may render signal service.

GUAIACOL AS AN ANTIPYRETIC.—The *Medical News* for January 27th (*N. Y. Medical Journal*, February 10th, 1894), publishes a portion of a lecture delivered at the Pennsylvania Hospital, on January 13th, by Dr. J. M. Da Costa, of Philadelphia, entitled Clinical Remarks on the External Use of Guaiacol in reducing High Temperature in Typhoid Fever and othee Febrile Diseases. Dr. Da Costa thinks that the action of guaiacol is somewhat inferior to that of the cold bath as regards promptness, but he has observed that the reduction of temperature which is produced is more lasting. He thinks it preferable to the use of cold baths, particularly in cases where proper appliances for administering the baths are wanting, and where, from the nature of the case, it is particularly objectionable to move the patient. The odor of guaiacol is an objection to its use, and this Dr. Da Costa has not been able to overcome. Oil of bergamot has been tried, but the odor of guaiacol overcomes that of

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the bergamot. Cologne and oil of sassafras also have been tried, but the best result has been obtained with oil of cloves. Guaiacol is to be rubbed upon the skin of the abdomen, or thigh, with a camel's hair brush, over a space previously washed with soap and water. The largest amount that has been applied at once, in Dr. Da Costa's experience, is sixty drops, but from the application of fifty drops he has witnessed effects that cause him to advise that rarely should so large a dose be used. Thirty drops he thinks about the average dose. The guaiacol is to be rubbed in slowly, and the surface to which it is applied need not be uncovered, for the application can be made under the bed clothing, and it is well to cover the surface with a piece of lint and with wax paper. The dose should be proportionate to the height of the fever; with a temperature of 103° F., it should not exceed twenty minims at the first trial. It is not necessary to rub the guaiacol in, but if friction is not used the effect is neither so rapid nor so complete. The quickest way is to paint the guaiacol on the surface and then rub it in with the hand. Five minutes are enough for the purpose. The sensation, which is not unpleasant, is likened to that produced by the application of menthol. Dr. Da Costa thinks that guaiacol is absorbed by the skin, and that it is carried by the circulation to the heat cestres, upon which it acts as an antithermic. Apparently its action does not involve the depression that follows the use of antipyrin, phenacetin, and other remedies, belonging to the coal-tar products. Moreover, it produces less sweating. In no instance, under Dr. Da Costa's observation, was there any albumen in the urine, or any sign of kidney irritation detected that could be imputed to the use of guaiacol; nevertheless, he advises close examination of the urine in all cases in which the remedy is used.

Society Notes.

TEXAS STATE MEDICAL ASSOCIATION.

The officers of the following Sections have written the JOURNAL, requesting us to publish a call for papers for their respective Sections. Those who intend to contribute papers, should send the title to the Secretary of the Section under which the paper comes, by April 1st or earlier, so that a place in the pro-

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gram may be assigned each paper, otherwise papers may be excluded for want of opportunity to read them:

Section on Gynecology—

Dr. G. W. Christian, Chairman, Houston.
Dr. R. W. Knox, Secretary, Houston.

Section on Surgery—

Dr. C. A. Smith, Chairman, Tyler.
Dr. Clay Johnson, Secretary, Corsicana.
(Dr. Johnson is absent; send papers or title to Dr. Smith.)

Section on Medical Jurisprudence, Chemistry and Psychology—

Dr. B. F. Brittain, Chairman, Baird.
Dr. H. M. Cravens, Secretary, Arlington.

Section on State Medicine and Public Hygiene—

Dr. T. J. Bennett, Chairman, Austin.
Dr. V. P. Armstrong, Secretary, Dallas.

For the information of our readers and those who wish to contribute to the program, we give the officers of the other Sections:

Section on Practice of Medicine—

Dr. J. C. Jones, Chairman, Gonzales.
Dr. I. E. Clarke, Secretary, Schulenburg.

Section on Obstetrics and Diseases of Women—

Dr. E. Randall, Chairman, Galveston.
Dr. A. B. Gardner, Secretary, Belleville.

Section on Ophthalmology and Otology—

Dr. R. H. Chilton, Chairman, Dallas.
Dr. T. J. Tyner, Secretary, Austin.

Section on Dermatology, etc.—

Dr. F. E. Daniel, Chairman, Austin.
Dr. S. E. Hudson, Secretary, Austin.

Section on Microscopy and Pathology—

Dr. A. J. Smith, Chairman, Galveston.
Dr. D. Cerna, Secretary, Galveston.

The Annual Meeting of the Texas State Medical Association will take place in Austin the last week in April (proximo), beginning Tuesday, April 24th, and holding four days. The

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Committee of Arrangements, of which Dr. A. N. Denton is chairman, have been actively engaged, recently, in providing ways and means, and making up a program of the social, or outside, "functions." This program embraces an excursion to the famous dam and a steamboat trip on the magnificent new lake, a visit to the State University, where visitors will be entertained in an appropriate manner by the Faculty; a reception and collation at the Driskill, etc. That there will be "speech-making" may be taken for granted; but the probabilities are largely in favor of their being anything but "maudlin"; and it is safe to say there will be no "drinking bouts,"—though we believe that wine is in the program.

Dr. Swearingen, as chairman of the Committee on Transportation, has succeeded in securing the usual one and one-third fare rate, on the certificate plan, from all the roads terminating at Austin, and connecting lines agree to conform thereto; that is, the member or delegate purchases a ticket at starting point, paying full fare, and on the last day of the meeting, or, when he desires to return, he must have the Secretary of the Association to fill out and sign a certificate that will have been provided for the occasion, and which the ticket agent at the point of departure will furnish each purchaser of a ticket. On this certificate all the conditions on which a return fare of one-third may be procured are distinctly stated.

The following railroads have agreed to the one and one-third fare rate, on the certificate plan, and tickets will be on sale at all depots on all lines:

Gulf, Colorado & Sante Fe Railroad,
Sun Set—Southern Pacific Co.,
Missouri, Kansas & Texas Railroad,
Texas & Pacific Railroad,
International & Great Northern Railroad,
San Antonio & Aransas Pass Railroad,
Houston & Texas Central Railroad,
Austin & Northwestern Railroad.

Dr. Q. C. Smith, the indefatigable, as chairman of Committee on Hotels and Accommodations, informs the JOURNAL that he has arranged for reduced rates at the hotels and principal boarding houses.

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EDITORIAL DEPARTMENT.

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DR. R. H. L. BIBB, Saltillo, Mexico; Foreign Correspondent.
DR. ROBT. MORRIS, Charity Hospital, N. O.; Clinical Reports

"AN IMPROVED METHOD OF BRAIN LOCALIZATION IN EPILEPSY."

We have read with much interest, a very valuable paper under the above title, by Dr. B. E. Hadra, of Galveston, contributed to the Southern Surgical and Gynecological Association, at its recent New Orleans meeting, and published in the last February number of the *Annals of Surgery*. The idea inculcated by Dr. Hadra, though still in an embryonic condition, certainly merits further and serious consideration.

It must be conceded that the surgical treatment of epilepsy, whether the disease be idiopathic or traumatic, is not, after all, acompanied with so much failure or actual evil as might be supposed by a careless or biased observer, provided the operation bears upon its very face *its raison d'etre*. The measure has succeeded in many cases in which prolonged and varied internal medication had proved of no avail whatever. The method, however, is more likely to fail with those operators ever eager to use the knife at all hazards, without a proper previous study of the case before them, or with those others, again, who, thoroughly convinced of the justifiability of the operation merely from the history and symptomatology of the case, yet work in the dark, without a sufficient knowledge of the physiology of cerebral localization.

Trephining for undoubted traumatic, and even for idiopathic epilepsy, is of acknowledged value, but the abuse of it, espe-

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cially in idiopathic cases, is apt to lead to much and perhaps irreparable evil.

We do not deny, then, the value of trephining in epilepsy, and statistics show that the procedure has produced most excellent and even permanent results. Thus, of the thirty cases recorded by Briggs, twenty-five were cured, three were relieved, one received no benefit, and one died, probably from the effects of the operation. According to Walsham, out of 130 cases, seventy-five were entirely cured, eighteen improved, and thirty died. These statistics alone give a per centage of 62½ of recoveries, a result more brilliant than the best furnished so far by any other form of medication. Later reports have confirmed and continue to confirm almost daily, the value of the surgical measure under consideration. "The necessity for operation becomes very evident," says a good authority, "if we can rely on the assertion of Garmany that fifty per cent. of all cases of frontal traumatism become epileptic." Yet, the young and inexperienced practitioner, as well as his elder brother whom he tries to imitate, bold, it is true, but often painfully ignorant of even the rudiments of brain localization, are both most too ready to jump at surgical conclusions, suiting the action to the thought. Some surgeons, indeed, go so far as to trephine in any case of obstinate epilepsy in the hope of directly removing the diseased portion of the brain substance that is supposed to be causing the trouble. Now, is this always justifiable? We mean, of course, no disparagement to the friends of the knife, but modern surgery, bold though it may be, should not lose sight of the fact that the operation of trephining by itself, "is too severe to be performed in the dark." Lucas-Champonniére has but recently remarked that it is an error to suppose that in Jacksonian epilepsy operation is always indicated, or that it always affords a clear guide to the point to be attacked; and in support of his statement refers to four instances occurring in his own practice. He agrees with Horsly in that trephining is a serious procedure, when there are extensive lesions, and that it is best to open the cranium freely, rather than to uncover a spot determined in advance, in the hope of coming upon a strictly localized lesion.

If we were to summarize the classes of indications for trephining, we would mention the following as the chief ones, as recently set forth by Broca, that is: "1. We may be guided by external lesions, as in the case of traumatism. 2. We may seek for a cerebral lesion, of known or unknown nature, the

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situation of which is diagnosed by the symptoms induced, in the light of our knowledge of the functions of different portions of the brain. 3. We may operate without being so guided, when the nature of the lesion has been determined, from experience as to the usual seat of such lesions, and of the best way to approach them." But it must not be forgotten (and we make this frank statement conscientiously) that our knowledge of the focal centres is as yet imperfect, a subject which urgently demands further investigation. Epilepsy *per se*, as far as our knowledge goes, is not a disease, but a symptom, and here precisely lie the difficulties, at least in a large number of cases, of pointing out the lesion which causes the trouble. To this end several methods have been suggested, but not one of them has given, so far, complete satisfaction.

In a given case, after we have exposed the brain, how are we to determine the seat of the lesion? This is the question, that as yet, remains unanswered satisfactorily, if we except perhaps Dr. Hadra's suggestion.

After pointing out some of the sources of the difficulties, mistakes and errors in the present methods, such as lacking opportunity to witness the initial signal; erroneous statements of the patients or their relatives; the great number of brain foci, which must exist, but which are not yet discovered; the fact that the brain foci are not, so far as we know, strictly defined localities; that the topographical, as well as the electrical localization, does not designate the seat of the morbid process, but that both only map out the physiological focus belonging to a certain group of muscles; after confessing, in short, that the present methods of detecting the real seat of the disease are not sufficient, unless the pathological changes are plainly seen or felt, since as soon as the surgeon has to depend upon topographical or electrical localization alone, he may be misled because he is only striving to map out the physiological focus of the muscles that have given the initial signal, Dr. Hadra concludes that there are no positive proofs that this focus, when so determined, really is the diseased portion of the cortex. He goes on further to say, and properly we believe, that such methods are no guides as to the extent of the disease, and finally, proposes the following method: "*My advice is*," he says, "*to use the induced current not solely to find the physiological focus belonging to the muscles giving the initial signal, but to find the spot from where an epileptic attack of the same nature the patient is accustomed to suffer from*,

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can be started, independently of the fact whether those two points coincide or not." With this rule, Dr. Hadra believes that it is not necessary at all to be so scrupulous in localizing the part attacked before the operation, although there is no objection to this. He asserts that his method has given full satisfaction in two cases, cases which he details in his interesting paper.

It may be argued that when a strong current of electricity is applied to the brain, the irritation produced on the healthy cortex may be sufficient by itself to cause epileptic phenomena. This alone would be an objection to the method proposed by Dr. Hadra, and apt to mislead. Convulsive movements, however, of a certain group of muscles, caused by electrical stimulation of healthy brain substance, are not epileptiform, and it is only after a prolonged and repeated electrization, according to Ferrier, that a monkey may be rendered epileptic. It follows, then, that practically speaking electrical stimulation of a healthy cortex, is not necessarily followed by epileptic symptoms. Yet, when the diseased portion of the brain substance has been rendered morbidly epileptic, no matter by what influences, the specific energy of the cells involved, under such circumstances, can then be aroused by any kind of stimulus. In these instances, of course, no more decided diagnosticating element can be employed than electricity. In phsyiological conditions, it is often difficult to produce peripheral effects, even by very strong currents applied to the brain, and yet over an epileptic cortex, especially when the precise spot is found, the slightest touch by the electrodes will cause a fit of epilepsy.

This sort of argumentation, logical to say the least, and coupled with experimental evidence, though insufficient, leads Dr. Hadra to entertain hopes for the continued success of his method, and, frankly, we do not see why this should not be tried still further. Regarding another objection that might arise in the minds of many, with reference to injurious effects caused by the use of the current as proposed, there appears to be no foundation for such objection, and Dr. Hadra makes the assertion to the effect that, in his experience, "prolonged use of the galvanic current, even of a strength of 12 to 20 milliampéres, and repeated daily for many months, had not only no unwholesome, but on the contrary, a very beneficial effect upon the functions of the brain;" that there is, therefore, no excuse for not trying to get reliable information regarding the true location of the diseased portion of the brain in epileptic subjects, "by the use of

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extensive and, if necessary, repeated application of the induced current," without even fearing to bring about upon the patient, while on the table, two or more attacks of the symptom.

We cannot foretell to any degree of certainty the ultimate fate of Dr. Hadra's method, but if this, by further trial (which it certainly deserves), should prove to be of superior advantage as is apparently claimed for it, the author shall have rendered an important and lasting service to brain surgery, and particularly to suffering humanity.

But, *a propos* of this same subject, it seems to us that generally too much stress is laid upon the motor areas of the cortex as the location of irritation in epilepsy. The irritation, on the other hand, can be traced more often than is generally supposed to the sensory regions, as in cases which present unilateral hallucinations, so to speak, "confined in origin," as some one has properly remarked, "to the limited auditory space, on the right side or the left." It is evident, therefore, that in these instances the irritation has been primarily located in the *sensory* centres, that is, over the first and second temporal convolutions, from which it has passed to the motor regions, and there caused the corresponding discharge. Does it not follow from this, that in these cases it is the sensory and *not* the motor centres, the former the true origin of the irritation, that should be the objective point to be considered by the surgeon? This is mind, and properly carried into execution, there is no reason why fewer failures should not be recorded in the surgical treatment of epilepsy. This suggestion is not original with us, but we mention it simply to emphasize the importance of always bearing in mind a point that is generally neglected by the thoughtlesss and over-enthusiastic surgeon. D. C.

A LITERARY BOMB-SHELL.

The Howard Publishing Company, of Detroit and Chicago, have issued part first of "Bacon's Cipher Story," and a copy of it is before us.

Dr. Orville W. Owen, of Detroit, claims to have discovered the cipher, which for many years has been believed to lie hidden in Bacon's works, and by means of it, to have deciphered a "letter to the decipherer." In this letter he found minute instructions how to proceed to unravel the mystery which has so long surrounded the authorship of Shakespeare's plays, following

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which instructions he deciphered all that Bacon wished posterity to know.

The story bears upon its face strong evidence in support of the claim that Bacon not only wrote Shakespeare's plays, but many other works. The story of his life and times is scattered all through these works; a line here and a line there; gathered up, according to instructions, and put together, these lines make a most wonderful story indeed. Bacon explains that it was thus hidden for his own safety. He relates that he was the victim of outrageous fortune, cheated out of his rights; and indignant to the last degree, he pronounces "a general curse" on everybody and everything, his enemies in particular. He unfolds a tale that makes one's hair stand on end indeed, "like quills of frightful porcupine." In effect, he clains to be the son of Queen Elizabeth and Robert Dudley, Earl of Leicester, who were secretly married shortly after Elizabeth became queen; that the marriage and his birth were kept secret because of a crime on her part during her girlhood and during the reign of her half-brother, young Edward, by which her life had been forfeited, yet which Edward concealed; that the secret of his birth got out after Bacon became a man, and that Robert Cecil, Lord Burleigh, a dwarf and hunchback—according to the story—having been beaten by young Bacon for calling him a bastard, murdered old Elizabeth to prevent her owning Bacon and announcing him the rightful heir to the throne of England.

While in the main the statements of Bacon comport with history, there is much of it that is either most spicy, highly seasoned unwritten history, or else a court scandal which would not have been at all "to the queen's taste," and which, if false, should have cost him his head, an event, it seems, he greatly feared. It is intensely interesting reading, at all events, and we await parts two and three with impatience. The whole translation is written in the Shakespearean blank verse, and flows as smoothly, and is as full of poetic fancy as any of the alleged works of the "immortal bard." It is out of all reason to suppose that Dr. Owen concocted the story; still more improbable that he should write it in a style so distinctly Shakespearean. But Shakespeare will die hard, if die he must. His friends are legion, and will fight for him to the bitter end. The publishers say:

"The next volume of the deciphered writings of Sir Francis Bacon will be ready for issue the latter part of February. It

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will contain a continuation of Anne Bacon's account of the circumstances leading up to, and the marriage of Elizabeth to Robert Dudley in the Tower; her accession to the throne; the murder of Amy Robsart Dudley; the banishment of Sir Francis to France, and his account of the Spanish Armada, the most beautiful of all his works."

Altogether, the publication is the sensation of the century, and Dr. Owen has immortalized himself. The book can be had in paper by enclosing fifty cents to the publishers, at Detroit, or seventy-five cents in cloth binding.

A MARE'S NEST.

The *Sanitary Era* for January has a sensation. The editor, in a lengthy and enthusiastic write-up, claims to have discovered that blood will cure anything on earth, except death, and he intimates that he would confidently tackle a mild case of that. Furthermore he says that blood can be preserved alive (i. e., "put up in its own juice," we suppose), notwithstanding the ox or cow be dead long since (and here have we not testimony to—if not the immortality of the soul—at least the immortality of the blood of beasts)? The writer claims that this "preserve" is put up in "a mild but sufficient antiseptic fluid," and under the microscope the corpuscles can be seen alive and kicking; further,—he claims that preserved blood—bottled life he calls it—can now be had at any drug store, and its powers are so wonderful and diversified that it is only necessary to get some of it into the system of the patient, by any manner or means whatever, and no matter what be the trouble or how far gone the patient, when lo! he takes up his bed and walks. The enthusiastic discoverer proposes a "Blood Therapy" or "Hæmatherapy," and says in effect that blood is the only really essential article in his new materia medica! The bug under the chip only crops out when the writer admits that there is a preparation of *ox blood* in the market (for an account of which see the *Era's* advertising pages) which contains all the essentials of live blood,—bottled life;—truly, a wonderful discovery!

So enthused is the *Era* editor over his discovery, and so unselfish, that he writes us that we should take time by the forelock and go in early and avoid the rush; that to get reputation out of the find we should catch on early. Well,—thanks. We remember a good (and unselfish) little boy, to whom mother

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sought to give some dover's powders disguised with some preserve syrup, and the good doctor, to help matters, said "now, mamma, don't give Johnny all that nice preserve; save some for me." Johnny, in the generosity of his pure young heart, exclaimed "Mamma, doctor's a good man; give him *all* of it!"—We give the editor credit for honesty and sincerity but we suspect he is over-credulous and has been talked to by some shrewd sample agent.

THE NEW ANTIPYRETIC.

Every now and then some "discovery" is announced which, for a time, creates a stir in professional circles, and which, as a general thing, soon turns out to be a false alarm and is dropped, to be heard of no more. It were useless to specify instances; numerous cases will be readily recalled. New remedies follow so fast on each other's heels that it would require an extraordinary memory to even recall the names—and most of them have very hard names. For each new remedy brought out preposterous claims are made, and—we have never known it to fail in a single instance—there are men, physicians, who are ready to back up those claims with their experiences, and they hasten to go on record. In a little while the experience of others entirely negatives the results first obtained, or alleged to be obtained, and the remedy is swallowed up in oblivion. Of the thousands of new remedies, some few stand the test of experience and pass into the great materia medica and become standard.

We really believe that were some learned professor, especially a foreigner, with an unpronouncable name, to claim, and publish it in a German journal, that he had observed the most pronounced effects from the administration of small doses of Limburger cheese, there would be a number of American doctors who would swear to it; and for a brief period certain publications would swarm with clinical reports of "Limburger cheese in" such and such disease. The claim has recently been made—somewhere—and on alleged good authority, that small-pox can be cured by light through red glass. Our readers will recall the blue glass craze some years ago. We remember a few years ago a claim was made, and found followers, that carbonate of magnesia, internally administered, would cure warts.

While we are on the subject of the gullibility of the average doctor, we may as well recall the absurd statement that went the

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rounds of the medical press some time ago, without contradiction, to the effect that a doctor had extracted, whole, a lot of lead which had, in a molten state, gotten into a person's ear. It was claimed that the lead filled the meatus and the eustachian tube, and hardened, making a perfect cast of the internal and middle ear, when this doctor extracted it, and claimed that the specimen was on exhibition, a remarkable arborescent leaden curiosity. There was nothing said of the patient, nor when his funeral took place; on the contrary, the inference was that he suffered no more than if so much sweet oil had entered his ear.

Now and then, however, as stated, a remedy comes to stay. The materia medica has been enriched, in almost every department of therapeutics, with new remedies, and principally of the "coal-tar series;" especially the antipyretics have been derived from that source.

The latest candidate for trial in the class of antipyretics is guaiacol, a derivative of wood-tar, and which can be made by synthesis. Already extravagant claims have been made for it, and the testimony of those who have tried it would indicate that there are strong grounds upon which the claim rests. This remedy, unlike its predecessors of the coal-tar series, is, however, an external remedy. It exerts its antipyretic power in fever, when applied to the surface of the body.

Interesting data on the subject of guaiacol will be found elsewhere in this issue.

As all remedies of this class act by depressing the nervous system, they are all dangerous. We would caution our readers against a too ready acceptance of such a remedy on faith, or until, in the great clinics of the world, its value has been established, and all its properties fully demonstrated. Our physicians, especially the younger ones, ambitious to be thought progressive, and "up to date young men," are apt to be indiscreet in prescribing remedies for which so much has been claimed, and they are liable to kill somebody.

This is especially apt to be the case with typhoid fever, or with that continued form of fever we have in Texas over which there is such a diversity of opinion; for, if there is any fact in medicine now fully established, it is that typhoid fever *can not be aborted;* it must run its course, and the judicious physician will watch the symptoms, prevent complications, and, virtually, *do nothing.* It is a disease, as Stone said of yellow fever, to be "nursed, not treated."

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Referring again to typhoid fever, we will venture that the late Professor Fenner, of New Orleans, is responsible for more deaths from that disease than any other one person living or dead. It was a hobby with him that typhoid fever can be aborted with quinine; and he taught it. Older physicians will remember how vehemently he insisted on it, and being recognized thirty years ago as an authority on Southern diseases, he had many disciples. It took his pupils a great many years, and it cost them much bitter experience, to learn that the good doctor, however honestly he believed it, was mistaken. It is the testimony now, of leading physicians in the South, that large doses of quinine are absolutely poisonous, *deadly* to typhoid fever.

THE TWO BILLS IN CONGRESS.

It is an unfortunate thing that the medical profession cannot agree upon what legislation is needed in the interest of the public health. As is well known, there is no official to whom Congress can apply for the necessary data upon which to frame sanitary laws,—as can be done with regard to legislation upon every other interest under the sun. Should data be needed upon agriculture, cattle-raising, finance, war, labor, immigration, shipping,—anything, there is a source where it is at once obtainable; not so as to sanitation; and in the absence of such official it would be a difficult matter to determine what is needed. This is the predicament Congress is in; they do not know what to enact.

We have on hand in the matter, really, amongst medical men, a three-handed fight. The friends of the Marine Hospital Service insist that the law of February, 1893 (which is only a quarantine law) is good enough, and oppose any change. A majority of the N. Y. Academy of Medicine have a bill before Congress which proposes to take the administration of quarantine out of the hands of the Marine Hospital Service and put it in the hands of a commission of fifteen doctors. Their bill, as one of the minority members said, is no improvement on the one now in force; it provides for nothing which is not now provided for, and which is being better and less clumsily done under the law now in force.

Both these parties seem to think that quarantine is all of sanitation. They are, moreover, opposed to State quarantine, and no doubt would be glad to see the National government take

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quarantine out of the hands of the State governments altogether. And, by the bye, Dr. Cochran, at the late Sanitary Conference in New Orleans, predicted that he would live to see the day when it will be done. God forbid.

The American Medical Association, on the other hand, is a representative body—the only one in existence—of the profession of the whole country, and are not biased by any local prejudices. They take a more comprehensive view of sanitation. To paraphrase a beautiful sentiment—they realize that "it is not all of sanitation to establish quarantine;" they would prevent disease. They ask for the passage of a bill that provides for something besides maritime quarantine; they ask that a department of public health be created, in the first place, with an executive officer at the head of it, thus putting the great interests of public health on a footing with all other interests. Such an officer would then be the proper person to know, and would know, and would be able to advise the law makers what is needed in the way of sanitary legislation. Congressmen would then not be embarrassed, as they now are, by conflicting opinions amongst medical men. Congress means well, there is no doubt; we have had every evidence of it. Members would be glad to make such laws as will insure the safety of life, and put the whole country on the highest plane of sanitary protection, if they could find out what enactments will do it; they do not know, the doctors do not agree, and there is no way to find out.

It would seem the most natural and the most sensible thing to do, under the circumstances, to be guided by advice emanating from the American Medical Association. Its voice comes nearer expressing the wishes of the medical profession than that of any local organization, or any interested party; and as the membership represents the entire medical profession of America, who, being in closer touch with the people in this relation than any other class, are in position to know better than any local organization what kind of legislation will best serve to bring America up to the plane occupied by other nations in sanitation. It is a humiliating thing to be told, as we were recently, by cable dispatches, that American sanitation is the laughing stock of Europe.

We give herewith the text of the bill to create a Public Health Department, that our readers may have an idea of the real requirements. The bill of the New York Academy is almost a duplicate of the Quarantine law passed February, 1893; the only difference being the manner of administering quarantine. The

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Sanitarians all over the country, notably in Chicago and Memphis, have condemned the bill; and we opine it will be pigeonholed to see daylight never more.

Every medical man who feels any interest in the wellfare of his country, or has any pride in his profession, should use what influence lies in his power to aid in the passage of the American Medical Association bill. A letter to a Congressman may open his eyes to facts he had not even dreamed of, and may influence his vote upon this important question.

INDECENT PUBLICATIONS IN NEWSPAPERS.

MR. RYDER-TAYLOR'S LETTER.

When a man argues from false premises; his conclusions have no value. Mr. Ryder-Taylor, who undertook to defend newspapers against the charge of favoring quacks and fostering abortion, has taken exceptions to certain criticisms of his letter, and has asked for and been given space in this issue for protest.

He assumes that the articles advertised (specifically "Tansy Wafers" and "Cotton Root Pills," universally known as abortifacients, even by the plantation negroes before the war,) have a legitimate use, for which they are advertised,—a false assumption, —and argues that if misused it is not the newspaper's business. He makes it parallel with the misuse of any other drug. Why are they alone of the pharmacopœia selected and offered to women to 'regulate" them? They are the most powerful and most dangerous of the class of emmenagogues, and are never prescribed by physicians. They are intended for abortion, and so it is universally understood.

The complaint against newspapers, and especially the so called religious papers, for advertising objectionable matter, is heard all over the country. It is not alone objected that they advertise abortifacients, but their columns are full of obscene advertisements. Many leading papers contain matter unfit to be seen by any young person, male or female. Witness the "lost manhood" advertisements; and the "book for men only," which offers something to develop and strengthen "certain organs;" what those organs are, not being hard to understand from the picture which accompanies the advertisement, and the announcement that "the triumph of love is fruitful marriage." Witness the 'mother's friend," and "childbirth made easy," advertisements.

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These are not only objectionable in themselves, but they are palpable frauds, and any newspaper man who cares to do so can see the fraud on the face of the promises made. The idea of making childbirth easy by rubbing some stuff on the parts concerned in parturition, is too absurd to be a moment entertained by any but those whom it pays to so believe, or pretend to so believe. It is obtaining money under false pretense; and the newspaper, by publishing such promise, is *particeps criminis*. It is not worth while to say that the pains of labor are inseparable from labor, caused by the very nature of the process, the expulsive contractions, and every editor who has a grain of sense or a particle of honesty should know that the promise to annul that pain and make childbirth easy by external application, is a lie—an impossibility; and yet there are thousands of ignorant young women who will catch at it.

The outcry against this feature of newspapers is not confined to any one class or locality; it is not alone the doctors or medical journals who object to and denounce it; but the people are beginning to be aroused. We see that in San Francisco some association of women have begun a crusade against the papers there; and the New York *Medical Record* of February 24th, in commenting on the fact, expresses the hope that women in New York will follow their example. The Texas State Medical Association passed a resolution protesting against it; the pulpit is denouncing it; and we have been assured by an official connected with the postoffice department that while those advertisements are literally a violation of the postal laws, they evade it technically, and that Congress is considering amendments looking to the exclusion of such matter from the mails.

The Amick matter does not pertain to "abortion," the specific matter of our correspondent's letter; but since he has gone out of his way to introduce it, we will say that his statement that Mr. Gurrier has denied it does not disprove the allegation to which Mr. Taylor objects, to-wit: that Amick's advertisements appeared in the Associated Press dispatches. That those advertisements referred to *did appear* in the column devoted to press dispatches, is susceptible of abundant proof; whether Mr. Gurrier sent them as press dispatches or not, or whether he was paid for them or not, or whether the manager of the newspaper placed them in that column, we do not pretend to say; we assert and can show that those advertisements, or similar ones, referring to the Amick matter, did appear in the press dispatch column of at least one

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paper to our knowledge. It is not to be presumed that it was done for nothing; and the statement of our informant, quoted in our article, and to which Mr. Ryder-Taylor objects, is as much entitled to credence as Mr. Gurrier's denial, and offsets it. It thus becomes a question of veracity between Gurrier and our informant, one of the oldest and best known newspaper men of Texas,—his name will be given if desired,—with the *probabilities* largely in favor of the latter. It is *not probable* that such matter would occupy such space *con amore:* that somebody was paid for it, is certain.

The only way to remedy any evil or institute any reform, is to agitate it. And the medical press should inveigh against the outrage upon decency that newspapers are constantly perpetrating by the publication of indecent and fraudulent advertisements, until relief is obtained in some way.

Medical News and Miscellany.

Dr. S. S. Wallace has moved from Clarendon, Texas, to Long Creek, Illinois.

Our Say:—The JOURNAL would like to correspond with any physician who wishes to buy an electrie battery or cabinet, new. Inducements offered.

Married, at Fort Worth, Texas, February 21st (ult.), Mr. Samuel T. Camp to Miss Tommie Adams, sister of Dr. W. A. Adams, all of Fort Worth.

Those Who Are in Arrears for subscriptions are earnestly requested to settle, at least in part. We are giving good value, and it takes oodles of money to do it. "Please remit."

Professors James Kennedy and S. M. Morris, of the Medical Department University of Texas, Galveston, have prepared and published a "Chart of the Official Chemical Salts, both inorganic and organic of the U. S. P., 1890; showing the methods of production, together with a schedule of Neutral Principles and Phenols," for the use of students. The JOURNAL acknowledges the receipt of a copy, and returns thanks.

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The Crime of Substitution.—It is a courtesy to call substitution such outrageous, high-handed and wholesale swindling as that exposed in a letter from Lambert Pharmacal Co. published herewith. We are glad to see that there is a law that can reach these fellows; and we think Lambert Co. made a mistake in not prosecuting all of the parties caught in the act of selling a mixture of their own for Listerine. What a sorry lot the druggists of Chicago must be, really. Attention is called to the letter under Publishers' Department.

Dr. J. M. Fry.—The JOURNAL'S esteemed friend Dr. J. M. Fry, late of Elmo, Texas, writes us from away up in the natural gas regions of Indiana. He became dissatisfied with the part of Texas which had known him so long, and without consideration for his friends, pulled up and set out to find a better place. We are pleased to hear from the doctor that he has found a place to his liking, and hope that if he has not exactly "struck oil," he may, at least, strike gas, or pay dirt, or something that will pay; he deserves it. The doctor could not do without his copy of the red-back, and ordered it sent to Mays, Rush county, Indiana. Good luck to him.

Myxœdema.—Dr. J. P. Coffy, of Plano, Texas, an old time and ardent supporter of the TEXAS MEDICAL JOURNAL, reports to the JOURNAL a case of myxœdema in his practice, which he successfully treated with desiccated thyroid gland of the sheep. He gave fifteen grains each second day. After a few doses had been taken, the doctor says, there was perceptible change for the better, and within four weeks from beginning the treatment "the chilliness had entirely disappeared, the skin became moist, the bowels regular, and there was a reduction in weight of twenty-seven pounds. The mind was bright and the voice clear and strong."

Dr. Coffy makes the diagnosis the strong point in this case, and says, "The lady had consulted a number of physicians, myself included, and not one of us ever seemed to have had the remotest idea of the cause of all this trouble." In the report, the doctor, of course, detailed all the symptoms and gave a minute clinical history of the case (which we omit, as the reader can find the disease described in the later works). He frankly asks "was it ignorance or carelessness?" and as frankly acknowledges *both* on his part—at first. It was the first and only case, he says,

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he ever saw or ever heard of in Texas, and he had to "read up." The doctor expresses the belief that cases occur in Texas as elsewhere, but are not diagnosed,—and hence are treated for something else, and without success. We venture to assert that this is the first case successfully treated on the new plan by any of our Texas doctors.

Died, at Sabinal, Texas, February 25th, Mrs. Mary Ernest Cocke, wife of Dr. Lewis W. Cocke, of San Marcos. Mrs. Cocke was born and raised in Austin. Her maiden name was Mary Ernest, and her family are old residents, and highly respected in this city. Mrs. Cocke had been for some two years suffering with tubercular laryngitis, and developed pulmonary disease only comparatively recently. Dr. Cocke took her out to Sabinal cañon, in West Texas, about the first of February,—having heard reports of the wonderful climate and the still more wonderful mineral springs, in the hope of benefiting her health. After a stay of about ten days the doctor wrote us that his expectations were being realized, and that he had some hope of his wife's ultimate recovery; hence the news of her death, received here on the 26th, was a surprise.

Mrs. Cocke was a most estimable lady, much beloved by all who knew her, and her early death will be deeply deplored by a wide circle of attached friends. She leaves two young children, a son aged five, and a little daughter of only two and a half summers; both too young to realize their irreparable loss. The JOURNAL extends heartfelt sympathy to the bereaved husband and to the family. Dr. Cocke will return to San Marcos and place his little ones in the care of his mother.

Dental Department.

[The JOURNAL is in receipt of the following contribution from an experienced dentist of Austin. As dentistry is now recognized as a branch of medicine, and dentists affiliate with the regular medical profession, and are represented by membership and a Section in the American Medical Association, we will open a department of dentistry, and invite contributions:]

Editor Texas Medical Journal:

I hand you a few lines on a very common and very trouble-

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some disease, one which the physician, especially in the country, may be called on to treat:

"PYORRHŒA ALVEOLARIS."

"Pyorrhœa alveolaris," or as it is commonly called, "Riggs' disease," is an inflammation of the peridental membrane which surrounds the teeth, causing this delicate structure to suppurate and waste away. The teeth affected become loose and fall out of the mouth, or they are easily extracted. The disease may confine itself to one, two, or three teeth; very often, however, the entire row becomes involved. The patient may not know of its presence until it has progressed so far as to be beyond the power to arrest it. Indeed, until the last few years, the dental profession seem to have known very little about this troublesome affection, but we are glad to note that it is now receiving thorough investigation. Recent researches have developed many new facts thereto. It has been noticed, that the teeth of the young persons, that is, those under twenty-five years of age, are rarely affected; and it is further claimed, by those who have made a careful study of the disease, that it is of constitutional origin, and believed to exist more commonly in those who are troubled with lithæmia, which disease causes an excess of the urates in blood. And there is no doubt that when enamel is roughened from chemical abrasion, the urates are precipitated from the blood and saliva, and find lodgment on the rough enamel surface. When a nucleus is once formed, the deposit continues until the gum is forced away, and the salt continues beneath, as it did above the gum margins, until the alveolar process is encroached upon and wastes away, and the teeth lose their support.

Pyorrhœa may exist without any deposit being found on the teeth, and it has been known to exist in cases wherein no pockets were discernible, the only evidence of its ravages being a characteristic shrinkage of the gum, a shriveling of the gum at and above the margin, but no recession having occurred. The gums are anæmic and thin, and the loss of part of the alveolar border has caused the gum to sink down, so that a crease or wrinkle can be seen along the line of the loss of the hard tissue under them. There is a slight loosening of the teeth perceptible to the fingers, but there are no concretions under the gums. It is evident that the tissues above alluded to are not affected until their nutrition is disturbed; and as digistion is the bugbear of all such disturbances, we are to look in that direction for reme-

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dial agents. We are confirmed in this opinion by the fact that we can control this trouble, in a measure, by treatment and diet adapted to a condition of excess of uric acid in the system. The lesions are favorably affected by dietetic treatment.

Local treatment should be of such character as to first remove the deposit; second, wash out the pockets with an agent which will effectually destroy germs, bacteria and microbes. For this purpose we would advise the use of peroxide of hydrogen, then with 25 per cent. sulphuric acid, introduced with a stick, immediately followed with a solution of soda bicarbonate, when the effervescence shall have ceased; the pockets must again be washed with warm water, and thirdly, fill the pockets with a paste of the sulphate of quinine. This last is intended as an antiseptic and stimulant. F. S. C.

Selections.

THE NEW ANTIPYRETIC.

RECENT APPLICATIONS OF GUAIACOL.

Some recent clinical applications of guaiacol invite a consideration of its chemic and therapeutic relations. "Guaiacol is a substance that occurs in wood-tar, and is also produced by heating pyrocatechin and potassium methyl-sulphate to 180 degrees, C. It is a colorless liquid that boils at 200 degrees C., and has a specific gravity of 1117. It is readily soluble in alcohol, ether and acetic acid, and is recommended instead of creasote in pulmonary tuberculosis."* This substance is a prominent constituent of the best creasote, into which it enters to the extent of about 60 per cent., although in the cheaper kinds it may be much less than this. Along with the guaiacol, are associated a number of more or less objectionable substances. Among these, according to Allen, are phenol, paracresol, cresol, kylenol, creasol, homocreasol, cœrneignol, and four methylic ethers of trihydric phenols. Many of the foregoing are distinctly toxic, but pure creasote, Huseman declares to be non-poisonous. Those who are in a position to know about it, however, state positively that

* Definition from advance sheets of Gould's "New Medical Dictionary."

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there is much poisonous creasote in the market.† The "United States Dispensatory" states that: "Commercial creasote almost always contains carbolic and cresylic acids from coal tar; and indeed much of what is sold for creasote is nothing more than impure carbolic acid." This is not written in order to discredit the use of pure beeech-wood creasote in medicine, as originally suggested by Sommerbrodt; but, to explain why chemists and clinicians have diligently sought for a similar preparation possessing equally beneficial effects, but having definite and uniform composition. Thus creasotal, or creasote carbonate was brought out by Dr. Chaumier in a paper read before the Academy of Medicine of Paris.‡ Dr. F. Walzer reported favorably upon benzosol, (a compound of benzoic acid with pure guaiacol, forming benzoylorrho-öxyanisol) which has the advantage over the preceding in the fact that it is a solid, being a colorless crystalline powder almost free from smell and taste. In the digestive tract it splits up again into its constituents, guaiacol and benzoic acid.

It might also be of interest to know that recently Drs. A. Gilbert and L. Maurat have reported favorably upon the effects of a chemically pure form of guaiacol, which is made artificially, (synthetic guaiacol). This substance appears in the form of white, rhombohedial crystals fusing at 28.5 degrees C., and boiling at 20.5 degrees C., with a specific gravity of 1.143. It is practically insoluble in water, but is soluble in alcohol, oils, and anhydrous glycerin. It possesses a sweet taste at first, which soon changes to a pricking and burning seusation.§ It melts into a sticky paste at the temperature of the surface of the body. This has been used, combined with oil, in capsules, for internal administration in phthisis principally.

Drs. Weil and Diamantberger, since 1889 have administered pure guaiacol in sweet almond oil (equal parts of each) by subcutaneous injection, in all the forms of pulmonary tuberculosis, and claim to have had very good results.|| Of eighty-two patients, sixty-two were improved, two remained stationary, and eighteen became worse while under this treatment. Of the sixty-two cases, twenty-seven were considered cured. In the

† Nagelvoort on "Poisonous Creasote," Bulletin of Pharmacy, Vol. vi, page 557.

‡ Deutsche Med. Wochenscrift, 1893, Nos. 24-25.

§ The Medical Week.

|| Bulletin Medical, 1893. No. 68.

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majority of cases the unfavorable symptoms of the disease were strikingly modified after a relatively short time.

About a year ago, Dr. Sciolia * made the remarkable observation that external applications of guaiacol to a small area of the general surface, were promptly and uniformly followed by a reduction of the bodily temperature. This was soon corroborated by the results obtained in tuberculosis cases by Bard, and also by Lannois. Subsequently Robillard of Lille † also repeated these observations upon guaiacol, and confirmed Sciolla's statements concerning its powerful antipyretic effect. Drs. Cassovice and Sigalea modified Sciolla's method by not applying the remedy in a pure state, but in combination with the tincture of iodine (one part guaiacol to five parts of iodine). Of this, about 2 drachms are used for a single painting, applied on the affected side all along the posterior part of the throat, every evening. These paintings are said to give rise to a considerable fall in temperature, abundant perspiration, and increased diuresis. In a severe case of left pleuritic effusion, in which puncture did not bring about any improvement, the fever disappeared, and after a few applicatiions, the extravasation was promptty absorbed.‡

* * * * * * *

There are many surprises among the untoward effects of drugs, and what these may be in the case of guaiacol remains to be seen. In the meantime, however, therapeutics has been enriched by a potent and (as the rule at least), non-poisonous antipyretic possessing decided advantages over similar substances obtained from among the aromatic series of coal-tar products.—*Journal American Medical Association.*

A BILL TO ESTABLISH A DEPARTMENT OF PUBLIC HEALTH.

Be it enacted by the Senate and House of Representatives of the United States in Congress assembled:

SECTION 1. That there shall be established a Department of Public Health. There shall be appointed by the President from the medical profession, by and with the advice and consent of

* La Semaine Medicale, 1893. No. 21.

† Societe de Biologie, July, 1893.

‡ American Med. Surg. Bulletin, November, 1893; from Semaine Medicale No. 52.

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the Senate, a Secretary of Public Health, who shall be entrusted with the management of the department herein established. He shall be paid an annual salary of $8000.

There shall be appointed by the President, with the approval of the Senate, an Assistant Secretary of Public Health, at an annual salary of $5000.

The Secretary of Public Health shall, with the approval of the President, provide suitable offices for the department, and shall employ such assistants and clerks as may be necessary.

SEC. 2. It shall be the duty of the Secretary of Public Health to obtain through all accessible sources, including State boards of health, municipal authorities, and the Surgeon-Generals of the Army, Navy and Marine Hospital Service of the United States, weekly reports of the sanitary condition of all ports and places within their territories and departments, and he shall publish weekly abstracts of the information thus obtained and other pertinent matter received by his department. The said department also shall, as far as possible, by means of the voluntary co-operation of State and municipal authorities, of various general and special hospitals, sanitariums, public associations and private persons, procure and tabulate statistics of marriage, births (noting those that are illegitimate), and deaths from epidemic, endemic and all other diseases, specifying those of a degenerative character, such as malignant growths, and affections of the nervous, circulatory, respiratory, secretory, digestive and reproductive organs, and from violence, accidents, suicide, murder, and data concerning the fruit of consanguineous marriages, and the transmissibility of insane, alcoholic, syphilitic, nervous and malignant types of constitution to offspring, and to evils of race miscegenation. He shall also procure information relating to climatic and other conditions beneficial to health, and especially in reference to the most favorable regions in the United States for the cure or relief of chronic diseases, particularly tubercular consumption. He shall also procure information as to the prevalence and ruinous effects upon the body and mind of intemperance and prostitution. He shall endeavor to ascertain the extent, the origin and classification of insanity in the several States and Territories of the country. He shall investigate the state of comfort of the laboring classes in respect to their lodgment, their trades, occupations, the healthfulness of their workshops and the contents of the atmosphere they habitually breathe, and the prevalence of premature degeneration of the nervous and muscular systems by

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the exactions of piece-work employment. He shall obtain information in regard to the soundness of their food and purity of water-supply. He shall ascertain the ages at which the children of the poor are put to work, and its hindrance to their physical development, and their lack of common-school education. He shall seek through the State boards of health information of the hygienic state of public school buildings respecting their illumination, ventilation, and the presence of noxious elements in the circumambient air. He shall seek information in regard to the pollution of streams and navigable waters and public and private wells. He shall attempt, through the co-operation of the authorized medical schools in all the States, to promote the most extended and thorough training of students in order to fit them for the reponsible duties that devolve upon practitioners of medicine. He shall, whenever an epidemic disease is spreading abroad, or in any country which by commercial or other relations may endanger the health of the inhabitants of the United States, have power to call a conference of the Surgeon-Generals of the Army, Navy and Marine Hospital Service, and the executive officer or officers of the various State boards of health throughout the country, to consider and advise with him in regard to the best methods to be pursued to protect the country against the invasion of any such epidemic disease, and the results of such conference shall be, by the Secretary of Public Health, communicated to the President and his Cabinet, for such action as they may deem wise and expedient.

Besides the reports of the state of the public health which he shall make from time to time, the Secretary shall make an annual report to Congress, with such recommendations as he may deem important to the public welfare, and the report, if ordered printed by Congress, shall be done under the direction of the department. The necessary printing of the department shall be done at the government printing office upon the requisition of the Secretary, in the same manner and subject to the same provisions as that of other printing for the several departments of the government.

SEC. 3. The President is authorized, when requested by the Secretary of Public Health, and when the same can be done without prejudice to the public service, to detail officers from the several departments of the government for temporary duty, to act under the Department of Public Health to carry out the provisions of this act, and such officers shall receive no additional

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compensation except for actual and necessary expenses incurred in the performance of such duties. When a detail of such officers cannot be made, the Secretary, approved by the President, may employ such experts, and for such time and in such manner as the funds at the disposal of the department may warrant.

SEC. 4. That to defray the expenses in carrying out the provisions of this act, the sum of fifty thousand dollars ($50,000), or as much thereof as may be neccssary, is hereby appropriated to be disbursed with the approval of the President, under the Secretary of said department.

This act shall take effect sixty days after its passage, within which time the Secretary and Assistant Secretary may be appointed.*

Puerperal Sepsis; its Prophylaxis and Treatment.—Dr. Robert A. Murray read a paper with this title. Antisepsis during labor, he said, was believed to be as necessary as in surgery. Three antiseptics could be managed easily—corrosive sublimate, carbolic acid and creolin. The prophylaxis should begin with a bath and a change of clothing. The vulva especially should be cleansed carefully. A new rubber cloth should be spread over a clean sheet, and over the rubber there should be a draw-sheet. The importance of an enema should not be forgotten. A vaginal injection of a 1-to-3000 solution of corrosive sublimate, or of a two-per-cent. solution of creolin should be given before labor, but usually not after it. Creolin was to be preferred to corrosive sublimate, because it was something of a lubricant, while corrosive sublimate was distinctly astringent, and so facilitated laceration. An antiseptic pad and napkin should then be applied, and never removed except for examination, which should not be more frequent than was actually necessary. The physician's hands should be scrubbed thoroughly and immersed in a 1-to-2000 solution of creolin. The antiseptic pad should be applied again after the birth of the child and before the expulsion of the placenta. Retained membranes and pieces of placenta should be removed at once by the aseptic hand, and then an intra-uterine douche should be given. Fluid extract of ergot, in half-drachm or drachm doses, was to be recommended in the majority of cases. After urination an antiseptic solution should be applied. When there was a bad odor to the discharge a vaginal douche was to be ordered, but if the examining finger showed that the foul dis-

*This is the American Medical Association's bill, now before Congress.

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charge came from the uterus, it must be thoroughly curetted and a single intra-uterine douche given. In prolonged cases instruments were to be employed. The nurse should never be allowed to examine a patient. In case of sepsis, the same general plan of antisepsis should be followed, but the vagina ought to be inspected so that diphtheritic membrane might not be carried into the uterus.—*New York Medical Journal.*

The Opium Disease in Infants and Children.—This was the subject of a paper by Dr. Louis Fischer, who expressed the belief that the disease was much commoner than was generally supposed; some cases diagnosticated as marasmus or as summer diarrhœa, were really cases of opium poisoning. Ignorant mothers and monthly nurses were generally responsible for the administration of the drug. One mother had bought opium of a Chinaman and given it to her child in half-grain doses. Another had administer as much as six tablespoonfuls of paregoric at a dose. The liability of children born of opium-eaters to die of collapse if the drug was withheld after birth was commented upon. The symptomatology included diarrhœa, sometimes with constipation, loss of appetite, irritability, restlessness, almost constant stupor, itching, as indicated by scratch marks, rapidity of the heart's action, decided sweating, scantiness of the urine, which was sometimes albuminous, and occasional vomiting—all this without fever. Besides sulphonal, which seemed to hold the first place in the treatment, brominated camphor, lupulin, chloral, and potassium bromide had been found useful. It was greatly to be deprecated that paregoric could be bought so readily without a prescription and without labels to indicate the doses proper for children of various ages.—*N. Y. Medical Journal.*

Book Notices.

SURGERY: A PRACTICAL TREATISE WITH SPECIAL REFERENCE TO TREATMENT. By C. W. Mansell Moullin, M. A., M. D. Oxon. Fellow of the Royal College of Surgeons; Surgeon and Lecturer on Physiology to the London Hospital; Formerly Radcliffe Traveling Fellow and Fellow of Pembroke College, Oxford, England. Assisted by various writers on special subjects, with six hundred illustrations, many of which are printed in colors, about two hundred having been made from special drawings. Second American edition, revised and edited

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by John B. Hamilton, M. D., LL. D., Professor of the Principles of Surgery and Clinical Surgery, Rush Medical College, Chicago; Professor of Surgery, Chicago Polyclinic; Surgeon, formerly Supervising Surgeon-General U. S. Marine Hospital Service; Surgeon to Presbyterian Hospital; Consulting Surgeon to St. Joseph's Hospital and Central Free Dispensary, Chicago; Secretary-General of the Ninth International Medical Congress, etc. In one handsome royal octavo volume, of nearly 1250 pages. Price, cloth, $7. P. Blakiston, Son & Co., Publishers, 1012 Walnut street, Philadelphia.

This is one of the very latest and best text books on the Theory and Practice of Surgery. The first edition was introduced into this country about three years ago, and the demand for it was so great that it was soon exhausted, and a new one was printed within two years. In the preparation of this edition, many changes have been made in consequence of the many advances that have been made in surgical science, and quite a number of additions have been made. The author has endeavored to make this book a practical one, as he says, that it may be of greater service to students and practitioners, and with this object before him, he has given special attention to treatment. His plan of including under the head of each organ a "brief description of the malformations to which it is liable and the various operations that may be performed upon it," is quite an improvement over the plan of considering these things under separate chapters. It is much more convenient for the student, and will save him much time to find a full and complete description of the organ, the diseases and injuries to which it is liable, and the treatment, operative or otherwise, all embraced in one chapter, instead of having to search different parts of the volume for these matters, as is necessary in many of our works on surgery.

The book is divided into three parts, Part I being devoted to the general pathology of surgical diseases; Part II, to injuries, and Part III to the diseases and injuries of special structures and organs.

In the preparation of this edition, a thorough revision has been made wherever necessary, and many new illustrations from the most recent foreign and domestic monographs, have been added. A brief chapter on military surgery has been added by the editor.

The excellent general arrangement of the book, its concise and yet thorough presentation, and the large number and high class of its illustrations will largely increase the popularity of this already popular work. H.

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SUPPLEMENT TO THE REFERENCE HANDBOOK OF THE MEDICAL SCIENCES, by various writers. Illustrated by Chromolithographs and Wood Engravings. Edited by Albert H. Buck, M. D., New York City. William Wood & Co., Publishers, New York.

Volume IX. This volume consists of 1076 pages, closely printed and somewhat larger than the pages of the other eight volumes of the Reference Handbook. It is published for the purpose of bringing the Reference Handbook of the Medical Sciences fully up to date, and this work on the part of the editor and publishers, will be highly appreciated by those physicians especially who possess the other eight volumes of this magnificient work. That it was necessary to revise the Handbook, any physician that has noted the many advances that have been made in medical science, especially in the departments of Pathology, Materia Medica and Therapeutics, will readily agree. The decision to issue a new volume in the form of a supplement rather than to revise the volumes of the work and issue a new edition of the whole was a wise one, and this decision will receive the approbation of the thousands of physicians who have the Handbook in their libraries. This method of revision will enable present possessors of the work to obtain the new matter at a comparatively small cost.

The same general care has been exercised in the selection of writers for this volume as was observed in the selection of those for the original work, and the list embraces the names of one hundred and twenty of the leading medical men of this country and Canada. Among the list of contributors may be mentioned the names of Dr. Robert Abbe; Dr. John Aulde, Dr. A. D. Blackader, Dr. Joseph D. Bryant, Dr. Henry T. Byford, Dr. N. S. Davis, Dr. F. X. Dercum, Dr. J. McF. Gaston, Dr. John B. Hamilton, Dr. James Nevins Hyde, Dr. William M. Johnston, Dr. William W. Keen, Dr. Chas. B. Kelsey, Dr. Wesley Mills, Dr. Joseph O'Dwyer, Dr. F. Peyre Porcher, Dr. Mary Putnam Jacobi, Dr. A. D. Rockwell, Dr. Louis McLane Tiffany, Dr. A. VanderVeer, Dr. Ely Van DeWarker, Dr. Jas. T. Whittaker, Dr. Burt G. Wilder, Dr. Alfred C. Wood, and many others equally prominent. It is safe to say that few if any works on medical science are so fortunate as to have had the services of so many men of prominence in the profession in its production.

That the editor of this volume and the contributors to it have done their work well, goes without saying. Any physician con

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templating the purchase of it, may rest assured that it will put him in possession of all the latest facts embraced in the medical sciences, and this without having to wade through a mass of useless matter. H.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES, A yearly report of the progress of general sanitary sciences throughout the world. Edited by Charles E. Sajous, M. D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Sixth issue, 1893. Price, cloth, $15; half Russia, $20. The F. A. Davis Co., publishers, Philadelphia, New York, Chicago and London.

Sajous' Annual has now become a household word with the physicians of this country. For the past five years the Annual has been a welcome visitor to the offices of the majority of progressive physicians. It has increased in worth and in popularity from year to year, and this, the sixth year, is better than any former edition. A number of changes have been made in the editorial staff, and the book has gained in interest and usefulness as a consequence. The first corps of editors was, as a matter of course, largely an experiment, most of them being authors and men of prominence, but after due trial, in connection with this work, it was found that they were not suited to this work, or did not take sufficient interest in it to make of the Annual that success which the editor desired and expected. From year to year some of the old names have been dropped and new ones added, each of the new men being selected on account of his special fitness for the work he was expected to perform, and his willingness to give the matter the time and labor necessary. With further experience the editor has seen the weak points of the first year's issues and has carefully corrected them, cutting off or adding to wherever the general interest or practical value of the book demanded such changes.

With the sixth year's Annual several prominent European physicians have been placed in charge of departments, viz.: G. Dujordin-Beaumetz, B. W. Richardson, R. Lépine, H. Obersteiner, A. Bourneville, Norman Kerr, G. Apostoli, A. Lutand, D. W. Buxton, P. P. Budin, F. Levison and P. Poirier. These men represent the countries in which, outside of its native land, the Annual has found the greatest appreciation, and their contributions will add much to the value of the work. We predict that this year's Annual will have a larger sale than any previous

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issue; and when we consider the excellence of the work of the Editor and contributors, the many improvements that have been made over former years, the amount of valuable matter fully up to date, and in a convenient and reliable form, it is rather surprising that any progressive man would attempt to do a general practice without it. H.

A TEXT BOOK OF THE THEORY AND PRACTICE OF MEDICINE BY AMERICAN TEACHERS. Edited by William Pepper, M. D., L.L.D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. In two Royal octavo volumes of about 1000 pages each. For sale by subscription only. Price per volume, cloth, $5; sheep, $6; half Russia, $7. W. B. Saunders, Publisher, 925 Walnut street, Philadelphia, Pa. Vol. II.

We are pleased to announce that the second volume of this most excellent work is now ready for distribution. Owing to a number of causes this number has been delayed some time, and the publisher has tendered to each subscriber a good and sufficient reason for its non-appearance at an earlier date, and has expressed his appreciation of the very kind indulgence in this matter by the profession generally.

The JOURNAL gave an extended review of the first volume of this work, some months since, and it is hardly necessary to add more than a word at this time. The second volume comes fully up to the high standard of excellence that characterized the first volume. It is truly a most excellent work, and as near indispensable as any work on the Theory and Practice of Medicine can be. More than three hundred pages of volume second and about two hundred pages of volume first are from the pen of Dr. Pepper whose writings are so popular with the American physicians. A number of other great teachers, Dr. Wm. H. Welch, Dr. Henry M. Lyman, Dr. William Osler, Dr. James C. Wilson, Dr. Francis Delafield, Dr. James W. Holland, and Dr. Reginald H. Fitz have contributed articles to the second volume, and each of them has done his work in the most masterly manner. Dr. Pepper was very fortunate indeed in being able to secure the services of men of such high rank and ability to assist him in bringing out this great text-book. The publisher has done his work in his usual splendid style, and he announces with some pride that the press-work of this volume was done on his own new presses erected for this purpose. H.

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MESSRS. WM. WOOD & CO., are pleased to announce that they have in course of publication, and shall publish as early as possible at intervals of four months, a very important work on Medical Jurisprudence, Forensic Medicine and Toxicology, prepared by experts of acknowledged authority, under the supervision and editorship of R. A. Witthaus, M. D., of New York, and Tracy C. Becker, Esq., of Buffalo, N. Y.

This important publication will consist of four large octavo volumes, (of from seven hundred to eight hundred pages each), which will be published as rapidly as they can be issued from the press.

These volumes will be printed in the best manner, from new type, and illustrated wherever desirable, by line and "half-tone" engravings and chromo-lithographic plates. In paper, press work and binding they will be samples of the best work.

It will be bound in muslin at $5.00 per volume, and in leather at $6.00 per volume.

Sold by subscription only. Single volumes not sold.

AN OPERATION BLANK WITH LISTS OF INSTRUMENTS, ETC., Required in Various Operations. Prepared by W. W. Keen, M. D., LL. D., Professor of Principles of Surgery in the Jefferson Medical College of Philadelphia. Second edition. Price per Pad, containing Blanks for 50 Operations, 50 cents, net. W. B. Saunders, Publisher, 925 Walnut street, Philadelphia.

A convenient blank, suitable for all operations, giving complete instructions regarding necessary preparation of patient, etc., with a full list of dressings and medicines to be obtained from drug store.

At the back of pad is a list of instruments used—viz.: general instruments, etc., required for all operations, and special instruments for surgery of the brain and spine, mouth and throat, abdomen, rectum, male and female genito-urinary organs, the bones, etc., etc.

The whole forming a neat pad arranged for hanging on wall of surgeons office or hospital operating-room.

ESSENTIALS OF BACTERIOLOGY—Being a Concise and Systematic Introduction to the Study of Micro-Organism. For the Use of Students and Practitioners. By M. V. Ball, M. D. With eighty-one illustrations, some in colors and fine plates. 200 pages. Price, cloth, $1.00. Philadelphia: W. B. Saunders. 1893.

In this little book Bacteriology is considered under wo heads,

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General Consideration and Technique, and Special Bacteriology. It also has an elaborate appendix. The popularity of the book is attested by the appearance of this, the second edition, so soon after the first. As many important changes have been made in keeping with the progress of this branch of medical science, the book will doubtless increase in popularity. H.

STERILITY IN THE WOMAN, AND ITS TREATMENT. By Dr. DeSinety. Translated by E. P. Hurd, M. D. Physicians' Leisure Library Series. 130 pages. Price, paper, 25 cents; cloth, 50 cents. George S. Davis, Publisher, Detroit, Mich.

Dr. DeSinety's well-known reputation as a gynecologist is a sufficient guarantee of the merits of the book. Both the author and the translator deserve to be commended for the excellence of their work. H.

RECENT DEVELOPMENTS IN MASSAGE, Historical, Physiological, Medical and Surgical. By Douglas Graham, M. D., Boston, Mass. Second Edition. 128 pages, 17 illustrations. Price, paper 25 cents, cloth 50 cents. George S. Davis, Publisher, Detroit, Mich.

With a peculiar introductory chapter, and many other peculiarities throughout the body of the work, this little book abounds in many new and useful suggestions respecting the wide range of usefulness of massage. It is a very sprightly book on a very interesting subject. H.

Publishers' Notes.

Chas. Day, M. D., St. Mark's Square, London, says:—I have prescribed your preparation, Iodia, with very satisfactory results. Its power of arresting discharges was very manifest in a case of leucorrhœa and another of otorrhœa. In the latter case, the result of scarlet fever in early life, the discharge had existed for many years. The patient could distinctly feel the action of the Iodia on the part, and the discharge gradually dried up.

The Standard Diary for 1894, published by McArthur Hypophosphite Company of Boston, is a vest pocket size, bound in morocco, and gilt edge. It contains a calendar, the important incompatibles, list of disinfectants, a dose table and blanks for memoranda for every week and every month. It is handy to have, and is certainly worth the price, of twenty cents in stamps,

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for which the publishers offer to send it to any physician who mentions the JOURNAL.

A Mascot that is a Mascot.—The physician's Aluminum Pocket-Piece, given away by the Codliver Glycerine Company, of St. Louis, on request, is said to be more potent as a Mascot, or luck-piece, than the right hind foot of a black rabbit, captured in a grave-yard by a cross-eyed negro at the hour of midnight, on the 29th of February, in the dark of the moon. It is also claimed that physicians that prescribe Codliver Glycerine are even luckier. Try it.—*Ex.*

I have used Peacock's Brqmides in four cases of epilepsy, and it is only fair for me to state that I have had good results in each case. In three of these cases there were no attacks at all while the medicine was used, although they had been frequent and severe, in spite of the exhibition of the ordinary bromide salts. I say while it was used, because I have had difficulty in convincing some patients that they were not entirely cured after using one bottle, but where I have been able to have them continue the treatment for a reasonable time after the disappearance of the fits, there has been no return of them even after the medicine was stopped. CHAS. C. JOHNSON, M. D., Columbia, S. C.

Modern Railway Travel.—Attention is called to the advertisement of the Memphis & Charleston and East Tenn., Va. & Ga. Railways in this paper.

This system is one of the only two routes in the Southeast running dining cars and vestibuled trains and its through car service and schedules between Memphis and Washington, Baltimore, Philadelphia, New York and all points in the east in connection with the Norfolk & Western Railway from Bristol, the B. & O. Railway from Shenandoah Junction, and the "Royal Blue Line" at Washington affords its patrons the latest modern comforts in railway travel.

Connections are made at Chattanooga with vestibuled trains for Rome, Atlanta, Macon, Brunswick, Savannah, and all Florida points and other Southeastern States and the Carolinas.

Their trains leave Memphis daily at 9:45 a. m., and 9:45 p. m.

Did you notice the elegant new advertisement of the Walker Pharmacal Co? No? Well, you are missing a treat, if you do not refer to it at once.

The immense success that this enterprising firm has met with in the manufacture of Phytoline, and the universal commendation accorded them by the medical profession has induced them to put upon the market a new preparation known as Pineoline, made from the imported ethereal extract of the pine needles. It possess not only a pleasant odor, but much medicinal virtue. It

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has been used by some of the most prominent dermatologists and general practitioners in this country with the very best of success.

It is indicated in all forms of skin affections and any stage in which they may be found.

Send to the Walker Pharmacal Co. St. Louis, Mo., for reports and clinical cases on the use Pineoline and Phytoline.

Persistent Singultus (Hiccough).—Reprint from *The Southern Clinic*, January, 1894.—Dr. H. L. Rosenberry, of Menominee, Michigan, says: "On June 5, 1893, A. C. M——, aged thirty-six, consulted me about a persistent singultus which had continued for forty-eight hours. I was unable to discover the cause, as it came on in the morning, immediately after rising, and continued as long as he walked. He could not eat, as deglutition provoked the difficulty. I saw somewhere a recommendation that full doses of Pilocarpin be given, and I gave him a one-third grain tablet of Wyeth's make. He was advised to go home and go to bed, which he did. Free diaphoresis occurred in a short time. He remained in bed one day, and has had no return of the distressing trouble.—*Col. and Clin. Record.*

We can supply the above remedy in the form of Compressed Hypodermic Tablets of 1-2, 1-3, 1-4, 1-8, 1-10 and 1-20 grain each; also Compressed Triturates of 1-5, 1-10, 1-20 and 1-50 grain each. JOHN WYETH & BROTHER, Philadelphia.

Dr. A. B. Pope, Lecturer on Diseases of the Heart and Lungs at the New York Polyclinic, has used "Maltine with Cod Liver Oil" as a vehicle for creasote extensively, and found it to be the most satisfactory way of giving creasote of which he knows. The formula was originated at his instance at the Demilt Dispensary, and first used by him there. Dr. Pope says, "In cases of tuberculosis it is often desirable that the patient have cod liver oil, creasote and a digestive agent like Maltine, and this combination fills the bill, giving excellent results, and at the same time rendering it unnecessary to have three prescriptions on hand at once." The formula referred to is as follows:

Maltine with Cod Liver Oil..... 16 fl. oz.
Beech Wood Creasote ..... 2 fl. drs.
Oil of Lemon ..... 12 minims.
Oil of Bitter Almonds.. . ..... 8 minims.

M. Triturate, and add creasote gradually. S. Tablespoonful at each meal. It may be given in water, beer, wine or milk.—*The Dietetic and Hygienic Gazette.*

A New Uterine Specific for Leucorrhœa and Dysmenorrhœa.—The combination called "Fernine Tablets," has been in my practice for the last year, and the entire profession is under obligations to the Phenique Chemical Co., for getting up the

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We want every physician to know that

PHILLIPS' COD LIVER OIL

EMULSION,

Represents, in all essential features, the highest degreee of perfection in the Emulsionizing of Cod Liver Oil.

We believe it to be the only Emulsion not advertised to the Public.

PHILLIPS' DIGESTIBLE COCOA.

A Peptonized Cocoa in which the fat of the bean is wholly retained and pre-digested by means of Pancreatine. It is a **delicious food beverage**, rendered **assimiliable** and is **nourishing to a high degree.**

Besides its adaptability as a **substitute for tea and coffee** in daily use, and as a **convenient and reliable article of diet** in the sick room, it is **particularly recommended in many conditions of debility** where a supply of carbonaceous food is indicated, but where there is diffiulty attending the digestion of ordinary fatty food.

PHOSPHO-MURIATE OF QUININE, COMP.
WHEAT PHOSPHATES.
MILK OF MAGNESIA.

The Chas. H. Phillips Chemical Co.,
77 PINE STREET, NEW YORK.

FORMULA:
Each fluid drachm contains
Tonga, 30 grs.
Sodium Salicylate, 10 grs.
Ext. Cimicifugæ Racemosæ, 2 grs.
Pilocarpin Salicylate, 1-100 gr.
Colchicin Salicylate, 1-500 gr.

TONGALINE

ANTI-NEURALGIC.
ANTI-RHEUMATIC.
Possesses a peculiar affinity for viscid and sluggish secretions, neutralizing and eliminating them through the bowels and the emunctories.

INDICATED IN
Neuralgia,
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La Grippe,
Gout,
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Nervous Headache.

The Salicylic Acid being from Oil of Wintergreen.

Sample of Tongaline sent to any physician who will pay express charges.

INDICATED IN
Metritis,
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Leucorrhœa,
Dysmenorrhœa,
Ovarian Neuralgia,
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Ponca Comp.

UTERINE ALTERATIVE.
Exercises a decided alterative action on the uterine tissues, a general tonic influence on the Pelvic Organs; has a tendency to absorb plastic deposits, to regulate the vascular supply, to relieve congestion, to tone up the nerve forces, to encourage peristalsis, and to remove spasmodic conditions.

FORMULA:
Each tablet contains
Ext. Ponca, 3 grs.
Ext. Mitchella Repens 1 gr.
Caulophyllin, ¼ gr.
Helonin, ⅛ gr.
Viburnin, ⅛ gr.

Sample of Ponca Compound sent free on application.

MELLIER DRUG COMPANY, ST. LOUIS.

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MISFITS

In medical practice are as common as in shoes and stockings. It is a medical misfit, Doctor, when a digestive agent which acts only upon one class of foods is administered to a patient who is unable to properly dispose of any of his ordinary articles of diet. Lactopeptine is potent to digest all classes of food, because it contains all of the natural digestive ferments in the same proportion in which they exist in the normal human organism.

"Men do nothing excellent but by imitation of nature."—*Rousseau.*

Send 2 ct. Stamp for "SOME WONDERFUL THINGS IN NATURE."

The N. Y. Pharmacal Association,
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formula in so elegant a form. I have never failed to obtain prompt relief, and in many cases have achieved a permanent cure by its use in obstinate cases of chronic metritis or subinvolution.

The effect upon the discharges of muco-pus in leucorrhœa is simply wonderful.

For the first time, the active principle Polypodium vulgare, known by its English name as "female fern," is used here in the treatment of dysmenorrhœa. This is an entirely new feature of the preparation. The effect of the other ingredients on disturbed action of the mucous membranes lining the female genital tract, is well established by long and successful application. I find that it is best to give the tablets after meals, and also one at bed-time.

A valuable adjuvant in the treatment of these cases is the careful attention of proper action of the bowels, which may call for an occasional saline cathartic.—*R. M. Kerley, M. D., Superintendent Female Hospital, St. Louis.*

A Valuable Drug in Treatment of Winter Cough.—Many are the single agents employed in the treatment of that persistent bronchial ailment known as "winter cough," and divers are the combinations made to suit each individual case. Agents proposed and lauded as "specifics," in this disease, have signally failed to maintain the title. Among the new remedies named, but not brought forward as a specific at all, is the *Eugenia Chequen*, or Chekan, a native Chilian drug. For a complete description of the agent, botanically and therapeutically, we refer our readers to the Pharmacology of the Newer Materia Medica, and a brochure issued by Parke, Davis & Co., Detroit. That it is a valuable addition to our list of agents for the treatment of bronchitis and its allied disorders, is evident to the writer. It has made a good record so far. It is worthy of a careful investigation and trial. Dr. Wm. Murrell, of Royal Hospital for Diseases of Chest, London, basing his opinion on notes of fifteen cases of chronic bronchitis in which he employed Cheken, says: "In all cases the patient obtained some benefit, and in most instances the relief was very marked." The Fluid Extract has a pleasant balsamic odor and taste. It is highly resinous, hence not miscible with water. It mixes nicely with glycerin and syrups, in which it should be administered. We advise a testing of its merits.—*Sanative Medicine.*

Trional as a Hypnotic in General Practice.—The requisites of a satisfactory hypnotic for general use in medical practice are reliability and promptness of action, ease of administration, freedom from toxic or unpleasant effects, and from the risk of a habit. During the last two years a large number of observations have been published, showing that Trional is a hypnotic of exceptional value. In an interesting article in the *New York Medicinische*

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Monatsschrift, December, 1893, Dr. L. Stieglitz reports his experience with this remedy in 58 cases of insomnia occurring chiefly in neurasthenic and hysterical patients, and expresses the opinion that Trional best meets the demands of the practitioner for a prompt, safe and effective sleep-producer. In most of his cases doses of 1.0 gm. sufficed to produce a quiet and refreshing sleep, and repetition of the dose was but rarely required. As sleep occurs, in the course of ten to thirty minutes after its administration, it was found advisable to give it on retiring or half an hour before. In the treatment of cases of simple agrypnia Dr. Stieglitz distinguishes two groups: First, patients who are unable to sleep, and second, those who, after sleeping for a few hours, are restless for the remainder of the night. In some cases of the second group the best results were obtained by giving the Trional on awaking at night. The remedy was also employed in a few cases of febrile diseases and of alcoholism, epilepsy, melancholia, sciatica and facial neuralgia, with good success. Among the 58 cases treated failure to produce sleep was noted in but four instances, while Mattison was successful in 90 per cent., and Boettiger in 98 per cent. of his cases. This is certainly an excellent showing for the new hypnotic, and entitles it to the confidence of the physician.

LA GRIPPE.

℞ Benzoate Sodium ..... ½ oz.
Glycerine ..... 1 oz.
Liq. Tong. Sal ..... 3 ozs.
Aqua Mentha Pip ..... 2 ozs.
M. Sig.: Tablespoonful every two to four hours.

RHEUMATIC FEVER.

℞ Tinct. Aconite Root ..... ½ drm.
Liq. Tong. Sal ..... 3 ozs.
Glycerine ..... 1½ ozs.
Ess. Pepsine ..... 1½ ozs.
M. Sig.: Tablespoonful every two hours.

MYALGIA.

℞ Salophen ..... 1 drm.
Liq. Tong. Sal ..... 3 ozs.
Glycerine ..... 1½ ozs.
Spts. Frumenti ..... 1½ ozs.
M. Sig.: Tablespoonful every four hours.

DIURETIC AND RHEUMATIC.

℞ Lithium Salicylate ..... 2 drms.
Liq. Tong. Sal ..... 3 ozs.
Glycerine ..... 1 oz
Aqua Mentha Pip ..... 2 ozs.
M. Sig.: Two spoonfuls every two hours.

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NUX VOMICA ..... WITH
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DISEASES OF THE VAGINA AND UTERUS

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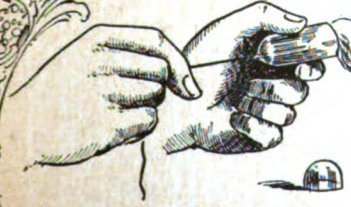
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Every 10 drops—the ordinary dose—contain 1-32 grain of gold bromide and 1-32 grain of arsenic bromide.

Scleroses, Rheumatoid Arthritis, Epilepsy,
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Adenitis, Cirrhosis of the Liver & Lungs, Locomotor Ataxia.

ARRESTS FIBROID AND CALCAREOUS DEGENERATION

To the Medical Profession:

In view of the fact that special skill, care, and facilities are required for the manufacture of my preparations of gold, including, "Liquor Auri et Arsenii Bromodi," "Liquor Auri, Arsenii et Hydrargyri Bromidi," and others, and that without the exercise of such skill and care the result is a mere mixture of the salts employed, which in no sense resembles the complete combination in therapeutic value, I have deemed it important to place my preparations in the hands of competent chemists, and have granted the sole permission to use my formulæ to Messrs. E. M. JOHNSON & CO., 38 Platt Street, New York City. I respectfully refer my professional colleagues to this firm in all matters relating to the commercial aspect of the subject, while on the other hand I will be pleased to personally answer inquiries regarding the therapeutic action of the preparations.

Respectfully,
W. F. BARCLAY, M. D., 474 FIFTH AVE., PITTSBURGH, PA.

E. M. JOHNSON & CO., 38 Platt St., New York.

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EXPERIENCED.

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will be changed to a decided and lasting impression by trial. This combination must assert itself more frequently as an unprecedented success in alterative or tonic indications—without any unpleasant reactions.

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ONE BOTTLE ONE MONTH'S REMEDY.

AM PLEASED WITH IT IN SPECIFIC KERATITIS AND IRITIS. LEROY DIBBLE, M. D., KANSAS CITY, MO.

CHRONIC ARTICULAR AFFECTIONS,

PAIN IN PARENCHYMATOUS ORGANS FORMERLY CALLED RHEUMATISM AND ATTRIBUTED TO EXPOSURE OR OTHER CAUSES, AND ALL DISEASES OF MUCOUS MEMBRANE ARE READILY RELIEVED BY **HENRY'S TRIIODIDES.**

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NERVOUS HEADACHE.

℞ Potass. Brom.....4 drms.
Liq. Tong. Sal.....8 ozs.
M. ft. sol. Sig.: Teaspoonful every hour until the desired effect is secured.

MALARIAL NEURALGIA.

℞ Acetanylid.....4 drms.
Liq, Tong. Sal.....8 ozs.
M. ft. sol. Sig.: Teaspoonful every four hours.

A Fraud on the Public and the Profession.—The JOURNAL has received the following letter from Lambert Pharmacal Co.:

St. LOUIS, MO., February 1, 1894.

Editor Texas Medical Journal, Austin, Texas:

DEAR DOCTOR:—During September last, it came to our knowledge that fraudulent imitations of Listerine were being very generally sold and dispensed for the genuine Listerine, by pharmacists of Chicago, and we determined to ascertain in as thorough manner as possible, just to what extent this nefarious practice of substitution prevailed.

With this object in view, we detailed a trusted employee to prepare a list of 500 pharmacists of Chicago, and to go to each in person, and purchase therefrom 15 or 25 cents worth of Listerine, to be sure that a label was attached to the purchase, and place too, his private mark upon the purchase as soon as it was delivered to him; these purchases were made between the dates of September 11th and 20th, and in due time our employee returned to St. Louis with 479 separate purchases of Listerine, each of these pnrchases was submitted to a careful test, and were then securely sealed. Tests resulted as follows:

251 were genuine Listerine.
204 contained no Listerine whatever.
24 were Listerine diluted with water or glycerine.

The fraudulent Listerine purchased, varied in color, odor and taste, many containing free oils and undissolved boracic acid, whilst others were fairly good imitations of Listerine in both odor and taste, but lacking in antiseptic value.

On October 23d, we sent to Chicago another representative with instructions to call upon the 204 pharmacists who had previously supplied fraudulent Listerine, and to purchase from each another quantity: on this occasion, 23 gave genuine Listerine, 161 gave a fraudulent imitation, containing no Listerine whatever, and 20 samples were broken in transit.

Incidently, we may mention that we have brought suit against two of the most prominent pharmacists of Chicago; one has already had a hearing, and a decree has been issued from the Circuit Court of the United States, Northern District of Illinois, Northern Division, Tuesday, December 12, 1893, perpetually en-

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joining the defendant from selling or dispensing any article whatever as Listerine except that manufactured by the Lambert Pharmacal Company, with costs and damages as proven.

The other substituting pharmacists have been given the privilege of signing a document and swearing to same before a notary public, to the effect that they will cease to substitute or adulterate our preparations.

At this writing, between 50 and 60 pharmacists have availed themselves of this offer of adjustment, those who have not done so, we shall either proceed against in the courts, or make public their names at an early date. Yours truly,

LAMBERT PHARMACAL CO.

Sir Andrew Clarke.--A Reminiscence.

BY FRANCES E. WILLARD.

The chief among the great physicians of London has just passed away in the sixty-seventh year of his age. He was Tennyson's physician and Gladstone's; indeed, so great was his fame, that when he was stricken with paralysis, seven hundred messages of inquiry came to his family in a few hours. He was a small light man, of what we call the wiry type, and a remarkable illustration of what "mind cure" can do for a person who is determined to live whether or no. It is said that forty years ago when he sought admission as a physician to one of the London hospitals, the choice fell upon him in preference to a number of equally eager aspirants, on the basis that he was a "delicate little fellow and would not live long anyway." He was condemned to death in his youth by the verdict of physicians, but eluded the same by a novel process,—he flung himself into the hardest kind of work, paying no attention to his fears, but concentrated his forces altogether on his hopes.

When I went to see him he extended his hand, white as a lady's and soft as velvet, and in a voice that matched the hand, went into a most careful diagnosis of my case; beginning with heredity and ending with the last morsel I had tasted that morning, he followed me through every lane of life, ancestral and individual; carefully examined my lungs and heart, saying (I think this was part of his mind-cure process) "Beautiful lungs, beautiful heart, no organic difficulty, over-work, nervous exhaustion. What you need is rest, pure air, cheerful companions, simple diet, and no end of out-doors."

His manner was most reassuring, and had in it a tender considerateness hardly to be expressed. When he asked to take the pulse or see the tongue, he prefaced the request with the words "My dear patient." It was apparent that not only great skill and high character, but a most fortunate manner were the essentials of his success. He prescribed no medicine whatever, say-

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THE NEW ANTIPYRETICS.

As the season is approaching when it is reasonable to expect there may be more or less of *la Grippe* or Influenza, which prevailed in this country several years ago, *we desire to call the attention of the Profession to the compressed form for administering the following remedies*, insuring immediate therapeutic results, the COMPRESSED TABLET being much more readily soluble than the ordinary pill, with greater convenience and absolute exactness.

The large number of these COMPRESSED TABLETS which we have sold, has proven the efficiency of these remedies, as well as the great favor with which our process of compression has been received by the medical profession.

The absence of any excipient,—the Tablet consisting merely of the dry powder compressed—must commend itself to the physician; resulting in the rapid disintegration and assimilation by the system, which is not possible with the ordinary pill, prepared by means of gum or some other excipient, which hardens the mass and prevents rapid solubility.

The following comprise the remedies of this character which we are prepared to supply:

ANTIPYRINE, 1, 2, 3, 5 and 10 Grains.

ANTIPYRINE and QUININE.

(Antipyrine 2 grains, Quinia Sulph. 2 grains.)

ANTIPYRINE and SALICYLATE of SODA.

(Antipyrine 2 grains, Salicylate of Soda 2 grains.)

ACETANILID, 1, 2, 2 1-2, 3, 4, 5, and 10 Grains.

ACETANILID COMPOUND (Dr. Aulde's), 1-2 Grain.

(Acetanilide 7-20 grain, Caffeine 1-20 grain, Soda Bicarb. C. P., 1-10 grain.)

ALSO, 2 AND 5 GRAIN TABLETS OF THE SAME FORMULA.

ANALGESINE.

Acetanilide 3 grs., Chloride of Ammon. 1 gr., Citrate of Caffeine ½ gr., Bicarb. Sodium ½ gr.

ACETANILID and SALOL, 2 1-2 Grains of Each.

ANTIFEBRIN, 2, 3 and 5 Grains.

ANTIFEBRIN and CHOCOLATE.

(Antifebrin 5 grs., Sweet Chocolate 10 grs.)

PHENACETINE, 1-2, 1, 2, 3, 5 and 10 Grains.

PHENACETINE and CAFFEINE.

(Phenacetine 3 grs., Citrate Caffeine 1½ grs.)

PHENACETINE and SALOL.

(Phenacetine 2½ grs., Salol 2½ grs.)

A paper, embodying a number of formulæ as prescribed with marked success in both hospital and private practice in different phases of *la Grippe*, giving in detail the chemistry of all the ANTIPYRETICS and other remedial agents now being largely prescribed by our most eminent practitioners, for the prevailing disease, will be sent on application.

JOHN WYETH & BROTHER, Philadelphia.

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ing that he thought very little of it, and that old Mother Nature was the true physician, and gave me some simple rules which seemed to me so good that I have had them copied for the benefit of any who may care to profit by the wisdom of a man both great and good, and a physician of unrivaled fame.

At my request he wrote down these three aphorisms that he had used during our interview: "Labor is the life of life," "Ease is the way to disease," "The highest life of an organ lies in the fullest discharge of its functions." Here follow what he called his "temporary general directions": "On first waking in the morning, sip about half a pint of water cold or hot; on rising take a tepid sponge bath, followed by a brisk, general toweling. Clothe warmly and loosely. Avoid chills, damp and passive exposure to cold. Take three simple nourishing meals daily, and nothing between them. Breakfast at eight to nine, plain or whole-meal bread, or toast and butter with eggs, or fresh fish or cold chicken or game or tongue, fresh, not preserved, and towards the close of the meal about half a pint of tea not infused over five minutes, or of cocoatina, or of coffee and milk.

"Dinner from one to two o'clock.—Fresh, well-dressed meat, bread, potato, some well-boiled green vegetables, if it agrees, and either some simple farinaceous pudding or some simply cooked fruit. Toward the close of the meal drink water.

"High tea, five to six hours after dinner,—whole-meal bread or toast and butter, with broiled fish or cutlets, or a chop or cold meat or cold chicken, and toward the close of the meal half a pint of black China tea not infused over five minutes; cocoatina or cocoanibs may be substituted for tea, if it is preferred and if it agrees.

"Nothing after this meal, except that on going to bed you may sip a tumblerful of water, hot or cold.

"Avoid soups, sauces, pickles, spices, curries; salted, smoked, tinned or otherwise preserved foods, nuts, raw vegetables, compotes, confectionery, malt liquors, cider, lemonade, ginger beer, much liquid of any sort, and all sweet, sour and effervescent drinks.

"Walk at the least half an hour twice daily.

"Retire as soon as possible after ten. See that your room is airy. Avoid self-notice and self-distrust. Shun ease and lead a full and regular, an active and an occupied life.

"Whenever you have to speak at night, be sure you lie down for an hour before tea.

"Take nothing between meals.

"Never take a sleeping draught.

"Take as little medicine as possible; accept your sufferings; strength is perfected in weakness; in labor you will find life. If you are terribly run down some time, go away for a fortnight's rest, and with each meal take a teaspoonful of 'Fellows' Syrup of the Hypophosphites.'"

Reigate, Eng.

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TEXAS MEDICAL JOURNAL.

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Original Contributions.

For Texas Medical Journal.

ETHICAL RELATIONSHIP OF THE MEDICAL PROFESSION AND LIFE INSURANCE COMPANIES.

BY S. H. STOUT, A. M., M. D., LL. D., DALLAS, TEXAS.

FOR more than a decade, the writer has declined to examine applicants for life insurance. He has carefully studied the subject in all its features; did in former years make many examinations of applicants, and never had a risk he recommended rejected.

He arrived at the conclusion to decline to make examinations, after studying his duty in the relationship of a medical practitioner to life insurance corporations.

It is the object of this paper to state, as briefly as possible, the facts and reasons which led to this conclusion.

Life insurance, as practiced, is a financial venture on the part of the insurer and the insured. The premium paid by the insured is calculated from data obtained from carefully studied tables of mortality. The physical, mental and moral condition of the insured must be normal, and his occupation and fortune, as well as the salubrity of the locality in which he lives, and his inherited diathesis, must be considered by the medical examiner before announcing his insurability, or non-insurability, to the company from which it is proposed to seek a policy.

Among a thousand individuals of the above characteristics, the tables of mortality show there is a law that every year there is

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an average death rate. The mathematical doctrine of chances is also raised in the calculation of premiums.

A life insurance risk is therefore, in a certain sense, a bet. The insured bets he will die before he reaches his expectation of life, when the premiums paid by him, with compound interest at 4 per cent., will equal the face of the policy; and the company issuing the policy bets that he will live out his expectancy of life indicated by the tables of mortality. Therefore the insured, if he dies before the expiring of his expectation, wins the bet, and the beneficiary, or benefits, received on his policy, the premiums paid, plus 4 per cent. compound interest for the full term of the expectation of life of the insured. If he lives out his expectation of life, or beyond it, or lives until the maturity of an endowment, or the termination of a tontine, the company issuing the policy wins the bet, and if its finances are well managed, makes a very large profit therefrom. For the money invested by the insured in the form of premiums, can be made to yield more than 4 per cent. compound interest. Again, the net premiums, calculated by actuaries, are always loaded to meet the expenses of the business of life insurance, among the largest of which are the commissions of soliciting and managing agents. These are often very large, sometimes being from fifty to seventy-five and eighty per cent. upon the first premiums paid. Then the usually enormous expenses of the administration of the business of a life insurance company, at the home office, have to be met. The salaries of the president, secretary, treasurer, the chief medical examiner and actuary, are usually excessive compared with the income of the most skilled and competent local medical examiners. Attorney's fees, clerk hire, etc., etc., are to be added to these expenses. The offices of the most successful life insurance companies are in palatial edifices, extravagantly furnished.

Capitalists make large investments in life insurance companies, whether stock or mutual, which, if they survive to a certain condition of success, are very profitable, and make large dividends both directly and indirectly.

Great financial centers seek to have the administration of these companies in their midst. For the enormous accumulation of money to be loaned on interest, by life insurance companies holding and manipulating the trust fund deposits, from which, and the compound interest thereon, policies are to be paid at maturity, is not a small factor in the accumulation of financial power.

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Think of it. The aggregated amount of the life insurance policies now in force in the United States is greater than the national debt. To meet these policies, the trust fund deposits now in the hands of the companies, must be so manipulated as to amount to the face of every policy when due.

There are two sources of weakness inherent in every life insurance company, and these are the taking of risks upon impaired or uninsurable lives, and the dishonesty, or want of financial skill of the directors of the company in whose hands is the keeping and safe and profitable manipulation of the trust fund deposits.

To guard against the misuse of these funds, the several States have life insurance laws and penalties for the violation of them. In some of them there is a life insurance bureau with a competent commissioner at its head, to whom, at stated intervals, every company doing business in the State is compelled to report its operations and financial condition.

But to guard against the insuring of impaired lives (that is the taking of uninsurable risks) the practice of these great financial corporations is erroneous, for it is irrational and unbusiness like. Under it many life insurance companies now in existence would have been wrecked long since, but for the honesty and skill of the members of our noble and benevolent profession who have examined applicants for them, and accepted therefor fees contemptibly small, when the skill required the amounts of money at risk, and the embarrassment of the examiner when he finds that he has to report unfavorably in regard to the application of a friend and neighbor, and mayhap a patron, are considered.

The mission of medical practice is to prolong human life and ameliorate human suffering. It is this mission that dignifies it as a profession, the pursuit of which money should be the means of encouraging. It is not a mere trade, the object of which is money-getting.

Life insurance companies, therefore, have no claim upon the members of the medical profession on the score of humanity. Both the life insurance company and the applicant for life insurance propose to enter upon a money venture. The skill of the medical examiner is not sought by them before entering into the proposed contract, for the sake of prolonging life or ameliorating human suffering. The immediate medical examiner of an applicant is therefore entitled to a fee somewhat in proportion

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to the money at risk, and should not be called upon to accept a fee disproportionate thereto, because of any pretense of a humane consideration as a plea in abatement thereof.

The time and money expended by an insurance actuary, in acquiring a knowledge of his profession, need not amount to one tithe of the time and money necessary to prepare a physician to become an expert and reliable medical examiner of life insurance applicants.

The vast railroad properties of Jay Gould's heirs, are of less value than the sums of money now at risk in life insurance policies. Those properties give employment to thousands of men. They are therefore engaged in as much benevolent enterprises as are life insurance companies. Yet their owners do not ask professional civil engineers to give opinions and advice about the location of their railroad tracks, the construction of their buildings, bridges, and rolling stock, for fees as contemptibly small, as those life insurance companies pay their local medical examiners.

Life insurance companies pay their chief examiners enormous salaries, for coming to the office daily, spending a few hours in reading over the papers of applicants, and giving their opinion of the insurability of the risks proposed, about which they would necessarily be in profound ignorance, but for the local medical examiners' reliable reports.

Is it not time that the honorable members of the medical profession refuse to give gratuitous advice, as to the qualifications of each other, to great moneyed corporations, and examine applicants for life insurance for the fees for a long time usual and very meager conceded heretofore, under the specious claim set up by great moneyed corporations and their agents, that they are engaged in a work of pure benevolence?

An affirmative answer to this question is inevitable, in consideration, 1st, of the fact that the seeking and issuing of a life insurance policy is no more nor less than a financial venture. Inasmuch as lawyers, called upon to investigate titles to land, write mortigages, deeds of trust, or wills, or to advise executors and administrators of estates, charge and are allowed fees proportioned to the money at risk, medical examiners, are justly entitled to fees somewhat proportioned to the amounts at risk on life insurance policies.

Life insurance companies should for their own security concede fees for medical examinations thus proportioned, or appoint

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local medical examiners, with salaries adequate to compensate first-class medical men for their services, as do railroad corporations their local civil engineers. They should cease to impose upon the medical profession, by the false pretence, that they are purely benevolent institutions, and medical men, if they will study the subject of life insurance in all its aspects, will, as the writer has done for ten years past, refuse to be longer "sponged" upon by them or their agents, and to continue to lend medical skill for an inadequate compensation, to protect purely financial institutions, handling, in many cases, millions of money, from insolvency, and the beneficiaries of life insurance policies from loss of the investments made by the insured in their behalf.

Having thus ventilated some of the facts and considerations which have influenced his conduct in the premises, the writer does not propose to question the conscientious actions of his medical brethren, who may differ with him in opinion and practice. He believes there is, and can be, in the proper sense of the expression, no professional ethical relationship between life insurance companies and their medical examiners. For their relationship is a strictly business one.

If life insurance companies choose to do so, there is no ethical consideration that forbids them from letting out contracts for medical examination to the lowest bidders; nor is there any ethical consideration forbidding a medical examiner from making any contract he pleases with a life insurance company. Were this view of their relationship taken by the most skillful members of the medical profession, life insurance companies would no longer impose upon their benevolent instincts, and they would have to adopt the practice of paying fees to first-class medical men, for the examination of applicants, proportioned to the amount of money at risk, on every policy issued.

Good and well meaning medical men may, without a violation of medical ethics, continue to serve life insurance companies under the present system, for every one serving a business house has a right to accept as much or little wages as he chooses; but the writer does not choose to serve great moneyed corporations engaged in the business of life insurance for the pay they now allow, because he thinks his skill is worth more to them, and because (to use a Texas boy's slang) he "don't have to."

To detach a fish bone from the throat, swallow a raw egg as quickly as it can be obtained.

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For Texas Medical Journal.

SOME OBSERVATIONS OF THIERSCH'S METHOD OF SKIN GRAFTING, ILLUSTRATED BY TWO CASES SHOWN.

BY WILLIAM GAMMON, M. D.

[Read before the Houston District Medical Association, February 13, 1894.]

I WISH to present to the Society, this evening, two cases illustrating Thiersch's method of skin grafting, and to speak of its usefulness in the cure of ulcers.

As all of us know, one of the most troublesome things that we meet in practice, and the bane of a hospital student's life, is the ulcer crureus, or the "sore leg" of common parlance. Although easily enough healed, or rather, it heals itself when given rest and elevation, but when healed the slightest traumatism or disturbance of circulation causes it to immediately break down and necessitate a repetition of the same process, only to be repeated again and again, as long as the patient survives. We know that the cause of this breaking down is the weakness of the tissue, which is really dependent on the poor circulation caused by the contraction of the cicatrix, which cuts off the circulation by constricting and eventually obliterating the blood vessels. We also know equally as well that the cicatrix is denser, therefore weaker, in the center, from the fact that the ulcer naturally heals from the edges and gives more time for cell proliferation of common connective tissue in the center. Knowing these things, we naturally conclude that if we find some means of covering the entire ulcer at once with epithelium, we have a cicatrix which is much thinner, and equal throughout, therefore much less liable to break down. Besides this, we gain time by having the ulcer well in a few days, whereas if left to nature the process of healing takes from a week to even months, depending, of course, on the size of the ulcer and its condition. We know, though, that if the ulcer be in a healthy condition, small bits of normal skin clipped from the healthy surface and placed on the ulcer will often grow and hasten the process of healing, thereby reducing to a certain degree the denseness of the cicatrix and the liability to recurrence. Now, it is claimed for the Thiersch graft that the whole surface of the ulcer is covered at once, and the formation of cicatricial tissue arrested, thereby giving us a much more resistant surface when healing is complete. Although the strength of the scar is primary, the rapidity of recovery comes

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in for its share of importance when the patient is a man whose time is valuable, or a chronic hospital case who occupies a bed which might be filled by a more interesting, if not more worthy, case.

Nor is the field of application limited to leg ulcers, but the method is quite as well adapted to ulcers of other positions and characters, as has recently been demonstrated in the treatment of lupus vulgaris. Its position in cosmetic surgery is of no little importance, especially in cases of ulcers about the face which, if allowed to heal naturally, would leave unsightly contractions. But perhaps of more importance, is when the scar is likely to cause contraction to such a degree as to impair the action of or disable a limb. Though I have had no experience in grafting in such cases, I am perfectly convinced that contraction to such degree would not take place as it would if the ulcer were allowed to heal by granulation. Scars which take on a keloid form of growth which are so prone to occur in the negro race, offer us another opportunity to make use of these grafts. In fact, I see no reason why it would not be a good procedure in true keloid, which occurs without any apparent cause.

Another condition which is quite as important, if not more so, than any other, and which we illustrate by one of the cases here to-night, is burns. We all know how slow is the healing process, and how great the contraction, in cases of burns and scalds. These cases seem to have a particular propensity to painfulness, fungoid granulation and slow healing. The discharge from the ulcer is always debilitating to the patient, according to the extent of the ulcer, and needless to say that to almost any one the presence of a discharge is far from pleasant. Now, by our Thiersch's grafts we change the painful ulcer into a condition of little more than tenderness, and under appropriate tonics the patient is soon restored to perfect health.

Before describing the operation itself, a few words concerning the preparation of the patient may not be amiss. If the ulcer be healthy, no more preparation is necessary than an antiseptic dressing; but if it be septic, it should be gotten in an aseptic condition by frequent irrigation with a 1-1000 bichloride of mercury solution, and fomentations of the same or boric acid frequently changed. The next thing to determine is, from whom to obtain the grafts. If the surface to be covered be extensive, or the patient so greatly debilitated that you fear the surface from which the grafts are to be taken would not do well,

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then a volunteer must be found from whom the cuticle may be obtained. Of course, in the selection of such a person one must be sure he is free from syphilis or other inoculable disease. The position from which the cuticle is to be removed is of some importance, for the sake of convenience in removal. When the ulcer is located on the skin, or, for that matter, anywhere on the ventral surface of the body, the most convenient place from which to remove the graft is the anterior aspect of the thigh. Likewise, if the ulcer be on the dorsal surface, as in the case of the burn before you this evening, the grafts may most advantageously be taken from the posterior aspect of the thigh. We have done as now suggested in both cases shown you this evening, *i. e.*, in the case of ulcer crureus the grafts were taken from the anterior aspect of the thigh, and in the case of burn of the back the grafts were taken from the posterior aspect of the thigh. The person and position from which the cuticle is to be removed having been determined, the part must be shaved and thoroughly disinfected, after which an aseptic dressing is placed thereon until the patient is in position for operation. The instruments required for the operation are very few and simple: a spatula, two pairs dissecting forceps, curette, a pair of scissors, and a scalpel, or razor, complete the essential armentarium. Thiersch has designed a razor-like knife especially adapted for this purpose, which I have never used, finding a simple scalpel all that is necessary for the purpose. The instruments having been sterilized and placed in an antiseptic solution, and hot water sponges or cotton compresses and antiseptic solution having been provided, everything is ready to begin the operation. In order to insure success, proper aseptic precautions should be maintained throughout.

The patient having been anæsthetized, the operator's most convenient position is on the side of the patient which brings him nearest to the ulcer which is to be covered, with the assistant opposite, armed with hot water compresses. The ulcer and field from which the grafts are to be taken having been exposed, the first step in the operation is to remove, with the curette, all granulations from the surface to the base of the ulcer. Next carefully pare away the edges with scissors. This having been completed, the assistant covers the entire surface with hot compresses, maintaining some pressure. While the hemorrhage is being arrested by the pressure and hot water, the operator may busy himself in cutting the grafts. If the grafts are to be

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removed from the thigh, the skin is drawn tight, and a narrow, almost transparent ribbon shaved off, the desired length. The ribbon of cuticle is now taken on the spatula and carefully applied to the surface of the ulcer with the assistance of the forceps, commencing at one edge, and continuing this procedure till the entire surface of the ulcer is covered. The surface may now be dusted with iodoform, a piece of oil silk or rubber tissue applied next to the skin, over which is placed gauze cotton and a bandage exerting slight pressure. The denuded surface from which the grafts have been removed should be cleansed, and dressed with a dry iodoform dressing. It is not necessary to remove the dressings for a week, unless some special symptoms, such as pain, or discharge, arise. At the end of this time, the grafts have taken, and the denuded surface has healed.

This first case illustrates very well the application of Thiersch's grafts to leg ulcers. His history, in brief, is as follows: Age, 38; no history of syphilis; an ex-grocery clerk; without occupation for the last six months. When admitted to St. Joseph's Infirmary, he had on left leg three ulcers, one about the size of a half dollar, and two about the size of a five cent nickel. On the left leg, he had one ulcer about the size of a quarter dollar. He was operated on just twelve days ago. As you now see, his ulcers are covered, and this reddish surface on the left thigh is the position from which the grafts were removed. The other man, A. S., age 43, an unemployed; while asleep by a camp fire, on December 3, '93, his clothes took fire, burning a place somewhat larger than one's hand on the right side of the back, just above the iliac crest. When admitted, the ulcer was healing, but after a little time the granulations took on an unhealthy character, and the healing almost stopped. He was operated on just fourteen days ago, and, as you see now, is perfectly well.

In both these cases, every graft applied took, and at no time were there any symptoms indicating the formation of pus, or any undue inflammation, therefore the dressings were not removed till the sixth day, when the surfaces were found to be perfectly healthy, and covered with epithelium.

I am not inclined to regard these successes as an exception, but am of the opinion that, with reasonable care, failures in these cases will be the exception rather than the rule. While this is an operation which takes some little time and care, it is likewise one which is usually successful, and gratifying to both patient and operator.

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For Texas Medical Journal.

WAS IT HYDROPHOBIA?

BY DRS. BROWN AND BAILY, RICHLAND, TEXAS.

J. L. S.; age 37 years; male, of medium size, and very stout; healthy habits; regular occupation, cow-boy and farmer; of considerable industry and will-power; not excitable or easily influenced, was bitten by a pup (supposed to have distemper) on December 26, also two of his own and several school children; ages running from 7 to 10 years, respectively, were bitten. He pursued his usual occupation, plowing and driving cattle, until Monday, February 26th, which day he plowed hard on very rough ground, and, as he supposed, got too hot.

Tuesday he did not feel like work; complained of pain in right arm, elbow, and shoulder of same hand that was bitten, on second phalanx of the middle digit.

Tuesday evening he came to my office. I diagnosed rheumatism with malaria, and also noticed a great change in conversation, he appearing, at this time, very serious, while usually he was very jovial. I prescribed the usual remedies, pot. iodide and colchicum.

Wednesday, March 1st, 7 a. m., I was sent for hurriedly; messenger saying Mr. S—— has hydrophobia. Supposing it to be something unusual, I asked Dr. Bailey to accompany me. We found him sitting by the fire; had been smoking, but refused to eat and drink; and we were informed that he had sent for a *mad stone* twelve miles away. We found his mind affected to some extent, but had called for his books, saying he wished to straighten them up, for on that day week he was going to die.

He asked Dr. Bailey and myself to be candid and tell him if it was hydrophobia, as he wanted to arrange his business.

On examination of his throat we found tonsils and uvula inflamed, for which we gave him guaiac. We found some difficulty in getting him to swallow water, but he could, with an effort, take it or any medicines offered him.

In the evening his throat seemed better, and the *mad stone* man came and asked that the bite be scarified (which had healed), the *stone* failed to *stick*, and the owner of it announced there was no hydrophobia. Patient's mind seemed brighter, but still could not sleep, and told us he had not had a good night's rest since he was bitten. Temperature, on our first visit, ½° elevation,

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but became normal and remained so until March 3rd; slept two hours, at which time it raised 1°. We, at this time, had Dr. Novel called in. He diagnosed malaria, but thought it about subdued, thinking elevation of temperature due to irritation, as he was very restless, not being yet able to sleep but little. March 4th, temperature 102°. We decided we had a case of acute mania from the strain on his mind caused from fear of hydrophobia. At this time he seemed hungry, and drank water or stimulants freely; in fact said he was hungry and thirsty. On the night of March 4th he began to sleep very well under celerina, alternately with bromidia, but seemed, when aroused, not to recognize any one. March 5th, still sleeping, and refused food, but would take water or stimulants until 9 p. m.; refused to take water, food or medicine, and we resorted to hypodermics of atropia and morphia to continue rest and quiet him, though he was not violent or hard to keep quiet, and sleep seemed natural. March 6th, still sleeping; takes water and stimulants; pulse fast and weak; temperatnre, 103°, a. m.; 5 p. m., 104°; symptoms generally indicating that death was near, which occurred that night at 11:15, without any convulsions, or threatening of them; all through bowels and kidneys responded to medicine for that purpose.

The above is submitted for the consideration of the profession, and we beg to have your opinion.

For Texas Medical Journal.

THE MASTOID OPERATION.

B. F. CHURCH, M. D.,
First Assistant Physician North Texas Hospital for the Insane, Terrell.

THE MASTOID operation is understood to be the surgical procedure of opening the mastoid antrum through the mastoid cells.

While the indications for performing the operation are now pretty well established, the history of the procedure, from the time nature and accident first peformed it, to the present time, is notable for its tardiness in reaching a recognized position in surgery.

The first recorded operative opening of the mastoid cells (the antrum not being reached) was in 1649, and was performed for the relief of deafness and tinnitus caused by obstruction of the

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Eustachian tube, with the idea that ventilation of the tympanum was thereby established.

One hundred years later, a Prussian military surgeon, while sounding an abscess behind the ear, accidently pushed his sound through the necrotic cortex, and in syringing was greatly astonished and terrified (not being familiar with the anatomy of the parts) at seeing the fluid pass out at the patient's nose. The operation was successful, however, the patient being relieved of a very painful affection. The results of this case spread rapidly and the operation of simply cutting into the mastoid cells was performed with variable results in a great number of ear diseases.

Among those who lost their lives from the operation was the physician to the Danish court. After that casualty public opinion quickly turned against the operation, and it was entirely abandoned.

Even up to the middle of the present century the best medical authorities persisted in their condemnation of it.

Turnbull, in 1861, reported the first successful case in this country, and in that the bone was so diseased that a probe was pushed through the thinned cortex, after the soft parts had been incised.

There exists at the present time a wide diversity of opinion among surgeons as to what symptoms constitute a positive demand for the mastoid operation. Undue conservatism, both as to the time for surgical interference and the extent of the operation, seems to prevail.

The approved method of operating is with mallet and chisels, or gouges, and sharp spoons. The incision of the soft parts should be made, beginning at one-half an inch above the upper insertion of the auricle, curve within one quarter of an inch of its posterior insertion and extend down to the tip of the mastoid process. The periosteum should be evenly divided and turned back so as to expose the spina and linea temporalis, they being the most reliable land-marks for the perforation. If no anomaly exists in the depth of the middle cerebral fossa or the position of the lateral sinus, we are safe in sinking the canal as follows:

With the largest gouge an oval area of bone, by gentle taps with the mallet, is marked out eight to ten m.m in width and about twelve m.m in length, with its upper border corresponding to the linea temporalis and the middle of the opening just posterior to the spina supra meatum. The opening should be started

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as close to the spina as possible without endangering it during the subsequent chiseling. Sink the canal slightly forward, nearly parallel to the meatus, using successively smaller sized gouges as its depth increases. Precede each step, after reaching the cells, by a thorough examinalion with a probe. The opening made with the gouges or chisels should be cone-shaped, so adjusted that the apex will reach the antrum. When that cavity is presumably reached, with the smallest gouge, introduce a bent probe to verify it, then with sharp spoon ream off all sharp spiculæ of bone and enlarge the opening into the antrum.

This operation, so briefly described, is much safer than the older method of trephining. It is the typical operation, or that of Schwartze, performed for the relief of middle ear suppurations, or acute cases, where the process is limited to the middle ear and antrum. Those in which carious necrosis of the cortex exists, are modified according to the conditions found, but in all cases it is best not to stop short of a free opening into the antrum, which affords a means for thorough cleansing and drainage,—a surgical requirement of the greatest import.

For Texas Medical Journal.

REPORT OF A CASE OF OUTWARD DISLOCATION OF KNEE.

BY T. J. BENNETT, M. D., AUSTIN, TEXAS.

ROBERT P., age 14, was brought into the office January 24, 1893, suffering from what afterwards proved to be an outward dislocation of the right knee, with a slight fracture of the external tuberosity of the tibial head. The injury was caused by the leg becoming entangled between the wheel and body of a heavily loaded wagon. Just how the force was applied, the boy could not state, and no one saw him when the accident occurred.

The integument was only slightly bruised, and that on the external aspect of the limb opposite the knee joint. Chloroform was administered by Dr. Hudson, and after considerable extension and manipulation reduction was accomplished. It was then ascertained that the external tuberosity of the tibia, including a small portion of the articular surface, had been crushed, and had interfered with the ready reduction of the joint. The limb was put up straight, but the patient experienced so much pain that

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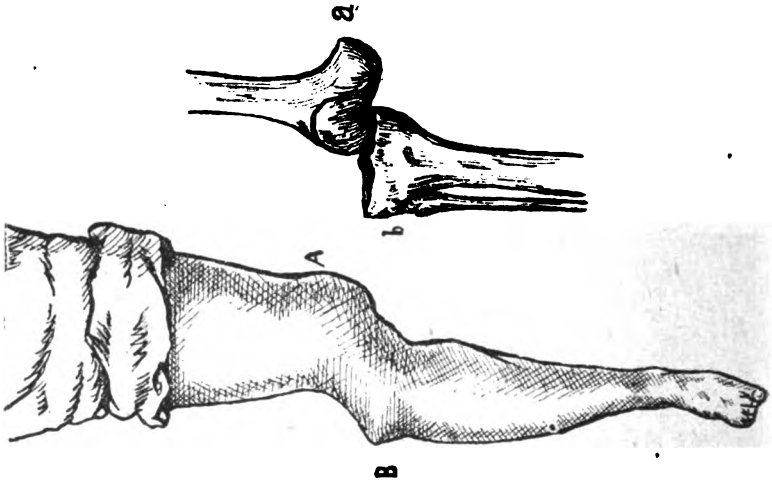
the splint was removed the next day, and the leg allowed to assume the easiest position, which was at an angle of about forty-five degrees. It was then supported by sand bags, and bathed with cold water and liniments. The swelling of the leg about the knee was very great, and the patient suffered with intense paroxysms of pain. At the end of five days, fluctuation was detected at the point where the pressure had been exerted by the dislocated joint. A bistoury was here inserted, and about two ounces of a dark mixture of blood and pus flowed out. The discharge gradually assumed a purulent character, and from the history continued to flow, though in small quantity, for five



months, during which time the patient was lost sight of. It was learned that the patient had been able to walk by the aid of a crutch, though the limb, when examined at this time, was not straight by twenty-five degrees, and the opening on the external side of the knee was discharging a pus indicative of necrosed bone. An incision was made at this point, extending through the old opening and down to the articular junction of the femur and tibia, when a number of small pieces of bone were found and removed. All necrotic tissue was curetted away, and the wound dressed antiseptically. There was no further trouble. The wound healed promptly, the boy gained complete use of his limb, and altogether there was a happy result.

Wyeth (Text-Book of Surgery) says that "traumatic luxation of the knee is comparatively rare," and that the "prognosis after this injury is unfavorable."

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For Texas Medical Journal.

UMBILICAL HEMORRHAGE.

THOS. B. GRAYSON, M. D., WINKLER, TEXAS.

ON February 23rd, I was called to the first case of umbilical hemorrhage I have ever seen in an active practice covering a period of about forty years. The child was a male, nine days old, weighed at birth between eight and nine pounds. The labor, so midwife reports, was easy and natural. The mother (colored) primapara, aged 18 years, stout and healthy, never in her life having had any sickness sufficiently severe to require the services of a physican. The cord in this case, fell off on the fifth day, and the midwife says every thing looked healthy and all right. Child had apparently done unusually well, nursed heartily, bowels and kidneys had acted freely and regularly, rested sweetly—till the morning of the eighth day, when a hemorrhagic oozing from the umbilicus was discovered, which continued to grow worse till I was called the succeeding morning. I found the child cold and pulseless (exhausted) and bleeding freely from umbilicus. The midwife had applied without favorable results cotton wadding saturated with liquor ferri sulphatis. I had no plaster of Paris at hand, so I prepared (which I think the better practice any way) through the umbilicus two needles at right angles and wound around each of them in the form of the figure 8 a waxed silk thread, and advised that they wrap it warmly, place hot bottles around, and give it frequently, in breast milk of a mixture of whiskey, turpentine and ergot, which I prepared. It bled no more after passing the needles. Before leaving I told them the child would die, which it did in about three hours. From the time the hemorrhage was discovered till death closed the scene was thirty-seven hours. The pathology in this condition is obscure. The prognosis is always grave. Five in every six, according to statistics, perish. It is useless to add that this child died from exhaustion.

Why, of Course.—STIVETS: The German investigators are experts in bacillus hunting, aren't they?"

WHIFFET: "Well, wouldn't you naturally expect a germ-man to cholera microbe?"

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Current Medical Literature.

DEPARTMENT OF THERAPEUTICS.

EDITED BY DAVID CERNA, M. D., PH. D.,

Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc.

LYSOL IN OBSTETRIC PRACTICE.—Israelson (*St. Petersburg Med. Wochen.*, No. 47, 1893) urges the use in obstetric practice of lysol as having greater antiseptic properties and a less poisonous action than any coal-tar derivative hitherto known. He uses 1 per cent. solution for the skin, etc., and a 2 per cent. solution for instruments, this preparation being less milky than the former. No pains, but only slight burning sensations are produced by the use of either, and it has no irritant action on the skin. Owing to lysol forming a "lather" with water, it is a substitute for soap, rendering unnecessary the innunction of the hands, and the application of soap and water prior to operations. The author has tried lysol extensively during one year and a half with satisfactory results.

CONIUM IN TORTICOLLIS.—Wharton Sinkler (*Jour. of Am. Medical Association*, January 20, 1894), of Philadelphia, speaks favorably of the value of conium in the treatment of spasmodic torticollis. He publishes the details of two cases in which the drug rendered marked service, one of them occurring in a lady, 44 years of age, being apparently entirely cured. The author refers to other cases of the same affection, in which conium has done good. Similar satisfactory results were obtained by Sinkler in two or three cases of painless facial spasm, in one of which the spasm entirely disappeared. The author insists in giving the drug in sufficiently large doses. He usually begins with 15 or 20 drops of the fluid extract of the seeds, three times a day, and frequently increases the dose to 60 drops. Though not largely employed in practical medicine, conium seems to possess remedial virtues, and it would appear that, judging from its physiological action, the medicament might be of signal service in the treatment of muscular spasm, particularly of peripheral origin. The above results seem to sustain this idea.

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APROPOS OF THE ALLEGED ANTIDOTAL POWERS OF PERMANGANATE OF POTASSIUM IN OPIUM POISONING.—Dr. William Moor, of New York, published an article in the *Medical Record* of February 17, 1894, in which he claimed to have discovered the fact that permanganate of potassium is an antidote to morphine. The results of his experiments were thought to be apparently conclusive (?), so much so, that the mere announcement of them in a daily newspaper of the metropolis produced somewhat of a Koch-like sensation in the over-enthusiastic, unthinking professional minds. With all due respect to Dr. Moor, and admiring his pluck in experimenting upon himself even, we believe, nay, we assert that his results as presented in his paper are *entirely fallacious*, scientifically at least, and calculated to mislead the general practitioner. The permanganate of potassium may be a good antidote to morphine, as has been shown to be so in phosphorous-poisoning by Bodkai, and more recently by Thornton, of Philadelphia. It was found by Bodkai that in the presence of the permanganate of potassium the phosphorus was converted into *ortho-phosphoric acid*, an innocuous substance. Again, Thornton has apparently demonstrated that the permanganate of potassium is a powerful oxidizer of many vegetable alkaloids, and especially so of morphine. Dr. Moor, then, is perhaps on the right track, but the results obtained in such experiments as those performed by himself and of other physicians who have followed him, prove *absolutely nothing!* It is astonishing what large doses of the alkaloid of opium can be given to some of the lower animals, such as rabbits, and particularly dogs, without causing fatal results. This we have repeatedly observed in the laboratory. But as we might be considered too severe in our denunciation of Moor's superficial researches and hasty conclusions, we may be permitted to transcribe part of the contents of a communication on the same subject, and published also in the *Medical Record* of March 10, 1894, by Dr. Glenn Andrews, and with most of which we heartily agree. Dr. Andrews says: "On February 15th, in the presence of Drs. M. L. Wood and J. H. Noftel, of this city (Montgomery, Ala.), I gave a dog weighing ten pounds, three grains of sulphate of morphine by the mouth; in forty-six minutes she had a violent convulsion, attended by a complete paralysis of the hind legs. Two grains of permanganate of potssium were administered, and in fifteen minutes a third grain was given hypodermically. After about twenty or thirty minutes the dog showed but little evidence of the

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morphia poisoning, except the continued paralysis of the hind legs, which lasted until the following day.

"February 16, two grains of morphine were given to a medium-sized dog, subcutaneously, and in three-quarters of an hour decided symptoms of coma were apparent. One grain of the antidote, hypodermically administered, and followed by a second grain in fifteen minutes, was given. In about half an hour the dog was much improved, and in about three hours was well, except the partial paralysis of the hind legs.

"On February 17, dog No. 1, was given three grains of morphine hypodermically, and suffered much as the previous day. No antidote was given, and the dog recovered completely, though perhaps not so rapidly as before. At the same time dog No. 2 was given six grains of morphine hypodermically. He experienced less sopor, though the general nervous effect seemed more profound than when two grains were administered. After about six hours the dog seemed perfectly well.

"On February 17, in the presence of the Montgomery County Medical Society, I injected hypodermically into a dog weighing fifteen pounds, eight grains of sulphate of morphine. Immediately he showed signs of somnolency followed by excessive nervous excitement and paralysis of hind legs, but in a few hours passed from under the influence of the drug, eating heartily the next day. On the 19th, the same dog was treated to a hypodermic injection of the enormous dose of twenty-four grains of morphine; he suffered much as before, and to-day, the 20th, he is apparently as well as ever, except some continuous nervous excitability. Experiments upon rabbits point to similar results.

"On February 17th, I administered hypodermically one grain of morphine to a small rabbit, and in three hours, noting but little effect other than drowsiness and slowed respirations, the dose was repeated. The animal, without any alarming symptoms, made a perfect recovery in a few hours without antidotes. The same day I gave another rabbit three grains of morphine subcutaneously without lethal effect, and on February 19th, I gave a third rabbit five grains hypodermically, and after a few hours of semi-drowsiness and slowed respiratory action, he made a complete recovery, and is now with the other rabbits and dogs in my barn-yard awaiting another treat of morphine.

"According to the cases referred to by Dr. Moor, the only death occurring was a rabbit given one grain of morphine through the mouth, and subsequently a gastric fistula was es-

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tablished. In my opinion, if the doctor had discovered an antidote for the fistula instead of for morphia, his rabbit would not have died. My experiments have convinced me that one grain of morphine, either introduced through the mouth or hypodermically, will not kill a rabbit, furthermore, five grains subcutaneously will not do so. In dogs, as in rabbits, small doses seem to produce somnolency. However, they bear very large doses of the drug; six, eight, and then twenty-four grains, hypodermically administered, in dogs weighing not over fifteen pounds, have failed in my hands to produce any very alarming symptoms.

"The largest dose reported followed by recovery in dogs, so far as I have been able to find, is six grains given by the stomach. This is surprising to me, since dogs are in such common use for experimental purposes.

"During the past week, in company with several other physicians, I have made a number of experiments bearing on the subject, which I purpose tabulating and forwarding to your valuable journal within the next week. I write this not to critise adversely Dr. Moor's apparent discovery, for, from personal observation I am led to believe that there is something in what he claims, but I wish to suggest to those who may see fit to prosecute these investigations further, to first ascertain the poisonous dose of morphine for the animal experimented upon before publishing an antidote therefor; and, secondly, I wish to note the unusually large doses of morphine which rabbits and dogs will bear with but little inconvenience."

DEPARTMENT OE GYNECOLOGY.

EDITED BY WM. KEILLER, F. R. C. S., ED.,
Professor of Anatomy University of Texas; late Physician for Diseases of Women, Edinburgh Providence Dispensary.

THE DIRECT EXAMINATION OF THE FEMALE BLADDER.—Howard A. Kelly, *Am. Jour. Obstet. and Dis. Wom.*, January, '94.

Dr. Kelly describes a simple method by which he can, by dilating the urethra, examine directly the whole inner surface of the female bladder, including the orifices of the ureters, and by which the ureters can be catheterised under direct inspection.

The patient, being placed in the lithotomy position, the bladder is emptied, the urethra dilated by graduated dialators, a tubular speculum introduced, residual urine sucked up, and the

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interior of the bladder examined directly, the light being thrown in from a good window, or electric or argand light, by a head mirror, such as is used in throat examination. The whole of the interior of the bladder can thus be examined, and catheters introduced into either or both ureters. No anæsthetic is necessary.

Thus obscure bladder cases may be clearly diagnosed; each ureter may be examined as to the character of the secretion from the corresponding kidney, or bougies may be introduced into the ureters prior to hysterectomy. Medicaments may be applied through the speculum directly to the diseased area in the bladder wall, or forceps, snares, etc., used under direct vision. The method is simple, and the inconvenience to the patient slight. It is likely to be a valuable method of diagnosis and treatment.

DISPUTED POINTS IN THE SURGERY AND PATHOLOGY OF PELVIC DISEASE.—Jos. Price, *Am. Jour. Obstet. and Dis. Wom.*

Beruntz & Goupil's work proved long ago the fatal effects of temporizing in pelvic suppuration; puerperal peritonitis is often due to the rupture of a pus containing tube during labor, yet in face of these facts some men advise rest and temporizing in pyosalpynx, and urge as a reason that thus the tube may again become functional! And if it do regain its function, such tubes are one of the causes of tubal pregnancy! Such methods as fixing the uterus by a pin thrust through the abdominal wall, or aspirating a pyosalpynx through vagina or abdomen, are as dangerous and as bad surgery, as it would be to tie the carotid by boldly thrusting the needle through skin and fasciæ. Puncture and drainage of pelvic cellular tissue abscesses is uncertain, they are often multilocular; vaginal opening of such abscesses is frequently unsuccessful, for they can not be thoroughly evacuated.

The causes of suppurative disease of tubes and ovaries are gonorrhæa in the male, dirty widwifery, abortion with retained placental debris. "Catching cold" is mythical, unless coming on the top of an antecedent inflammation.

Tubes and ovaries are disorganized and rendered functionally useless; and bowel, omentum and bladder are involved in adhesive inflammation, pain, and sometimes obstruction resulting. If, then, the pathology be definite, so should the surgery be. Hopelessly diseased parts, and parts interfering with the function of more important organs, should be removed. As to the after-effects of the removal of tubes and ovaries, the benefits are real and lasting where there has been marked cause for their re-

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moval, doubtful only where they have been removed for lesions barely justifying interference.

Where insanity follows their removal, it would most likely have come on at the climacteric in any case.

The abdominal surgeon must have a thorough surgical training. There is a feeling that any one may open the abdomen, though it requires a specialist to remove a cataract.

The other day, while taking lunch at a restaurant, a young physician came in and sat down opposite to me at the table. He made my acquaintance, and said he had graduated three months previously. He also said he had located an office, and presented me with his new card, proudly. To my astonishment, he deliberately announced himself as on a determined hunt to find a laparotomy case, and to do it himself. I asked him whether he had ever done laparotomy? He replied, "no." "Did you ever do a post mortem?" He said, "no, but he had dissected his 'quarter of the belly' when in college." I talked with him a half hour, and tried to show him that he was unjust to himself and patient. But he replied that his teachers had taught him that laparotomy was one of the easiest of surgical operations. * * * An unfortunate new school of laparotomists is rising. Young men who have done no general practice, who know neither anatomy nor pathology; men who go to doing a gynecological practice and abdominal surgery, right from college. They never did general surgery; they just become specialists from the day they leave a medical college. Such specialists are limited in their views, biased in practice, and dangerous in abdominal surgery.—*Dr. F. Byron Robinson (at Chicago Gynec. Socy.)*

PEDIATRICS.

THE ALIMENTATION OF INFANTS.—Budin (Paris) *International Clinics*, Vol. IV., 1894.

In La Charité maternity hospital two charts are kept, one of the mother's temperature, the other of the daily weight of the child. Daily weighing is the best means of testing the child's progress.

The child loses 100–300 grammes (3½ to 8½ ounces) during the first two days, then the weight increases, so that it is back to the original weight by the seventh day and 100 grammes heavier than at birth on the tenth day. The rate of increase is about 9 drachms (35 grammes) per day.

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If the mother has not enough milk, the child may continue to lose weight after the second day. Such children do not cry, nurse little, sleep all the time and are said to be "doing well." They pass very little urine and rapidly get emaciated. They need careful watching and the mother's milk must be supplemented with artificial feeding.

The amount of milk which the child gets from the mother may be estimated by weighing the child before and after each nursing. She ought to secrete twelve to sixteen ounces daily (in first month). Wet nurses being expensive and difficult to procure, ass's milk was tried in the hospital, but ultimately cow's milk, sterilized, was found to give the best result. It is given where necessary during the first two or three days to supplement the mother's milk, and gradually withdrawn or continued, according to the amount of her secretion; or given alone where the mother does not nurse. As a test of the efficiency of the nourishment, a child doing well should increase twenty grammes (5 drachms) per day. (Average result in 191 cases.) Results seem to show that *properly sterilized* cow's milk is as readily digested and assimilated and gives as good results as mother's milk, but everything depends on its proper preparation.

Of eighty-nine children, nursed by mothers, six had diarrhœa; of ninety-two on mother's milk supplemented by sterilized milk, seven had diarrhœa; of eleven on sterilized milk alone, none had diarrhœa. All the cases of diarrhœa were mild. Budin does not dilute the cow's milk with water but gives it *pure* from the very first.

Sterilization so modifies the milk that it coagulates in small curds like mother's milk instead of large masses like unboiled cow's milk. The children take less of the pure milk but gain weight more rapidly than those on diluted milk.

Woman's milk contains 877 parts water to 123 solids; cow's milk, 865 parts water to 135 solids; then as they approach so closely, why dilute so largely as is the custom?

Budin places the milk to be sterized in small bottles, each containing enough milk for one nursing [ordinarily three or four ounce bottles do excellently.—Ed.]; he covers them with a special rubber cap which permits the exit of steam, but, as soon as the bottle is removed from the boiling water, is sucked in by the vacuum so as to tightly seal the bottle. [It is sufficient to place the open bottle in the boiler, and to cork them with ordinary corks which have been boiled, as soon as the lid is removed and while they

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are still surrounded by the steam of the sterilizer.—ED.] The bottles are placed in a metal frame to hold six to nine (the number of nursings per diem) and this is put in a suitable pot of cold or warm water, which being covered is then allowed to boil briskly for forty minutes. If the special rubber caps are not used, the bottles are corked firmly while in the boiling water, and then removed. Enough milk is prepared for one day's nursing only; but milk so prepared will keep for a week, even in warm weather. The cork is removed, the bottle warmed, a teat slipped on, and it is ready for use. They and the corks should be thoroughly cleansed and boiled before being used again.

[Any tin-smith can make the sterilizer for fifty cents. A tin can deep enough to hold nine ordinary four ounce bottles, with an inch to spare, a round perforated tin base with four corners turned down to serve as feet and raise it half an inch above the bottom of the boiler, a frame of wire fitted to this with a central handle to support the bottles, (which any handy man can fit on himself) and the apparatus is complete.—ED.]

DEPARTMENT OF PRACTICE OF MEDICINE.

EDITED BY PROF. ALLEN J. SMITH, M. D., GALVESTON,
Professor of Pathology and Lecturer on Mental and Nervous Diseases in the Medical Department of the University of Texas, Galveston.

THE TREATMENT OF DIPHTHERIA.—Dr. Arthur Weber, of New Orleans (*N. O. Med. and Surg. Journ.*, February, 1894), has recently reported a series of eighteen cases of diphtheria, treated by the following routine method, with recovery in all but one case. The throat is sponged every twenty minutes during the day, and every hour during the night, with pure peroxide of hydrogen (Marchand's) until the membrane has disappeared. Thereafter a spray is continued every two or three hours for several days. When peroxide of hydrogen is too irritating to the throat, it may be somewhat diluted with water and slightly alkalinized. At each sitting it is necessary that the parts involved be well attended to; never introduce the nozzle only two or three times, but continue the application for a minute or two, permitting the child to breathe after each application. At the commencement of each case, one-twentieth grain of calomel with one grain of bicarbonate of sodium should be given until there is an increase in the salivary secretion and pro-

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duction of four or five characteristic calomel stools, usually within 24 or 48 hours. The following prescription, given in fluid drachm doses every two or three hours, is to be administered after the action of the calomel:

℞ Tincture of chloride of iron.....fl ℥iss.
Glycerine.....fl℥ iv.
Water.....fl ℥ ii.

For any indication of heart failure, small doses of strychnine and dignitalis are given. As food, brandy, milk-toddies, egg-nog, white of egg beaten up in water, the juice of meat broiled very rare, and cocoa are ordered at regular intervals.

Recovery from Diabetic Coma by Administration of Oxygen Gas.—Dr. L. W. Bickle (*Am. Med. Surg. Bull.*, December, 1893), in a critical and clinical article upon diabetes records the following interesting case: A lady of 67 years of age, suddenly lost her memory for words one day (July 17, '92) after dinner. Her mind wandered, and she presently became unconscious. Five hours later the unconsciousness was complete, temperature subnormal, pulse irregular, intermittent and feeble, breathing somewhat stertorous, pupils equal and no evident paralysis, uneasy movements from side to back and to the side. She could be aroused with some difficulty, but did not then recognize her relatives, and muttered incohereutly. Examination of her urine showed the presence of large proportions of sugar. A dose of ten grains (.6 gram.) of calomel was placed upon her tongue, and a mixture of morphine, ammonia and ether was administered, both without effect in two hours; then she was made to inhale oxygen gas. In five minutes there were signs of returning consciousness, and in five more she opened her eyes, recognized her relatives and spoke rationally. She was then allowed to sleep, and in the morning was quite conscious again. The oxygen was made in a retort by the bedside, and after passing through a wash-bottle of water, was administered through a long rubber tube passed into the mouth. Some months later, at the date of the writing, she was doing well on a partially restricted diet of milk, meat, green vegetables, with half her usual amount of bread, and saccharine instead of sugar.

The Treatment of Spasmodic Torticollis by Conium.—Dr. Wharton Sinkler (*Med. and Surg. Reporter*, January 13, 1894), records two cases of spasmodic wry-neck entirely relieved

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by the administration of conium. He recommends the fluid ex tract of the seeds, and usually begins with fifteen or twenty drops. Besides having seen beneficial results in these cases from such large doses of the remedy, the writer states that in several instances of painless muscular spasm in other positions, he has met with similar beneficial results from conium.

INFANTILE SCORBUTUS.—Dr. H. L. Taylor (*Am. Med. Surg. Bull.*, February 1, 1894), writes of a case of scurvy appearing in a female infant of eleven and one-half months of age. The child has been fed almost, if not quite from birth, on a particular brand of condensed milk, which had appeared to agree with her, although for a short time the passages had been rather stringy in character. The child had been nursing less and less, the jaws becoming sore, and the breath heavy. She was restless and sleepless at night, and frequently cried out as from pain, sweated much, especially about the head. Up to six months she was quite well apparently, weighed 25 pounds, and had rosy cheeks. Shortly after this age, however, she began to show some weakness in sitting, and it was noted that she did not move her legs freely, and that she assumed a queer posture. Then in about a month the gums became swollen, and soon became sore and sometimes bled. About this time the right ankle became slightly swollen, the swelling soon disappearing. This was attributed at the time to rheumatism. Shortly afterwards purpuric-like spots appeared at the position of this swelling and upon the arms, and the child became weaker and weaker, and could not bear to be handled from pain. It was suggested that the weakness and the posture assumed were perhaps due to Pott's disease of the spine; but the sore gums, swollen ankle and purpura led to the belief in the scorbutic nature of the affection, and in consultation this idea was confirmed. The child was placed upon Pasteurized milk (diluted, four ounces of milk to two ounces of water every three hours), and every day the juice of one orange was given in small amounts at a time, as well as one, and afterwards two teaspoonfuls of raw beef-juice. The child was not handled save as necessary. The effect was "magical;" the orange juice was taken from the first with ravenous eagerness, and the meat juice scarcely less greedily. The temperature quickly came to normal, and in a very short time the fretfullness, sleeplessness and other symptoms of irritability disappeared; the gums lost their angry color, and the limbs were

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moved. Rapid recovery followed. It is not improbable that scurvy is not infrequently overlooked in infants and children, and that more attention should be given the subject.

IDIOPATHIC PERITONITIS.—(*Medical Age*, February 25, 1894), Dr. James Sampson, of Windsor, Ontario, after commenting on the address delivered by Dr. Roswell Park, upon peritonitis before the Wayne County Medical Society, records briefly the occurrence of two epidemics of peritonitis. The first occurred near the village of Monpath in 1886. About thirty cases were attacked, most of them suddenly; and the mortality reached about 40 per cent. The suddenness of the attack in the midst of health, the pain and tenderness of the entire abdominal area, the tympanites, nose-bleed, and the fairly definite course (lasting about two weeks), were notable features in these cases. The second epidemic took place in the Essex Centre district. Its extent is not stated, but the impression is given that it was large; in the experience of some physicians, the mortality reached as much as fifty per cent. Marked epistaxis, a sudden and severe onset, a general involvement of the peritoneum, were important features of the disease in the second as in the first epidemic.

TREATMENT OF ERYSIPELAS WITH HYPODERMATIC INJECTIONS OF CARBOLIC ACID.—Dr. J. McFadden Gaston, of Atlanta, Ga., (*Medical and Surgical Reporter*, March 24, 1894), recommends, after an extensive experience covering twenty years of use of the method, hypodermatical administration of carbolic acid in erysipelas. He suggests the following formula:

℞ Carbolic acid..... .....fl ʒ i.
Glycerine.....fl ʒ iii.
Distilled water.... .....fl ʒ iv.

Mix and inject hypodermatically one syringeful in each portion of the size of a hand, daily.

This formula represents a 12½ per cent. solution, and in only a few cases has any local irritation resulted from the injection. This solution is injected at various points over the erysipelatous area, each puncture being sufficient for an area the size of the palm of the hand. Where the surface involved is large, or much fever is present, internal medication is recommended, the best effects being secured by giving calomel at the onset, calomel followed by Epson salts in senna tea, to procure free evacua-

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tions from the bowels. After purgation, tincure of iron chloride (gtt. xxv.) is given every three hours until an ounce is taken. Where a phlegmonous form exists chlorate of potash may be combined with the iron in ten grain doses. Where the case is seen early and the inflammation is circumscribed, the writer relies however, upon the hypodermatic use of carbolic acid and rarely has occasion to employ other means of cure.

Society Notes.

TEXAS STATE MEDICAL ASSOCIATION.

Preliminary Announcement and Program of the Twenty-Sixth Annual Meeting, to be Held in the Senate Chamber, Capitol Building, Austin, Texas, April 24th, 25th, 26th and 27th, 1894.

DEAR DOCTOR:—You are cordially invited to be present at the next annual meeting of the Texas State Medical Association, which will convene at the city of Austin, on the 24th day of April inst. We expect to have a brotherly and harmonious gathering of the best representatives of the medical profession from every section of this great State. An important matter for discussion will be the Code of Ethics of the American Medical Association, to determine whether we shall recommend any change to meet present advancement. We invite every medical gentleman belonging to the regular profession, to unite with us in one strong brotherhood to battle for the commonwealth against charlatans, impósters and mountebanks of every description, and to contend for the rights of our people, for protection by proper laws—both State and National—against all preventable epidemics, and for a cabinet position of health in general government and State. Yours truly,

J. H. SEARS, President.

TRANSPORTATION.

All the railroads in the State have agreed on conditions named below, *and will make a rate of one and one-third fare for the round trip*, on the certificate plan.

Certificates must be stamped by P. J. Lawless, ticket agent at Austin, and must be signed by Dr. H. A. West, secretary, as di-

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rected herein. On the certificate plan, the passenger pays full fare going to the meeting, and secures a receipt therefor, from the ticket agent, by request, at the time of purchase. This receipt is a certificate, which, when stamped by the ticket agent at place of meeting, and filled out and signed by the proper official at the meeting, becomes authority for the sale of a return ticket over the same route as was used on the going trip, at one-third fare, thus making a rate of one and one-third fare for the round trip.

When the journey is made over more than one line, it is frequently necessary for the passenger to purchase a separate local ticket and procure a receipt and certificate therefor from each of the lines over which he travels in going to the meeting. Passengers should therefore ascertain what portion of the journey can be made by the ticket procured from each agent, and should purchase tickets and secure certificates as may be necessary. Failure to procure or present a certificate invalidates any claim for reduction in return fare.

The ticket purchased for going passage may be either unlimited or limited, according to the rate paid, or regulations in effect on the line over which it reads, but the return ticket sold at the reduced fare, will, in all cases, be limited to continuous passage, beginning at the date of issue. Certificates will not be honored for return tickets at reduced rates unless presented on last day of meeting, or not later than one day after adjournment; nor will the certificates be honored if the receipts attached show that going tickets were purchased more than two days prior to the commencement of the meeting, or after the close thereof.

HOTEL RATES.

Hotels will charge the following rates: Driskill, $2.50; Hotel Salge, $2.00; Avenue, $2.00; Orr, $1.50; Austin House, $1.25.

The above rates conditioned upon two or more occupying a room. Dr. Q. C. Smith, 617 Colorado street, Austin, will take pleasure in securing, in advance, rooms at hotels or private boarding houses for those who so request.

PRELIMINARY PROGRAM.

The session will begin Tuesday morning at 11 o'clock, in the senate chamber of the capitol building. Members are requested to assemble early in order to register, as far as possible, before the opening. The Secretary, Treasurer and Members of the Re-

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ception Committee will be present to attend to registration. Applicants for membership will sign blank form, giving postoffice address and county. Each application must have the signatures of two members, and be accompanied with the initiation fee, $5.00, dues for one year, $5.00, and the diploma or other evidence of graduation in a regular medical school. Applicants will receive badges when they exhibit the Treasurer's receipt.

Members will receive badges after they have registered.

As the titles of papers appearing in this program were received by the Secretary in time to be arranged in their proper places, they will take precedence over those offered subsequently.

Morning session, after Tuesday, will begin at 9 o'clock. Afternoon session at 2:30 o'clock.

SOCIAL PROGRAM.

Wednesday evening at 8 o'clock—President's annual address, Dr. J. H. Sears, Waco, to be followed by the annual oration, "The Physician," Dr. W. R. Blailock, McGregor.

Thursday evening at 9 o'clock—Buffet banquet and reception at the Driskill.

Friday, 3:30 p. m.—Visit to the dam and excursion up the lake on the "Ben Hur," starting from corner Congress Avenue and Fourth street.

SECTION ON PRACTICE OF MEDICINE.

1. Report of Chairman, J. C. Jones, M. D., Gonzales.
2. *Bacteriological Aspects of Croupous Pneumonia.* H. A. West, M. D., Galveston.
3. *The Therapeutic Uses of Sparteine.* David Cerna, M. D., Ph. D., Galveston.
4. *Hydrotherapy.* D. R. Wallace, M. D., LL. D., Waco.
5. *The Relation of Pharmacy to Medicine.* James Kennedy, M. D., Galveston.
6. *Introducing the Subjects of Dosimetry and Subcutaneous Medication.* D. R. Wallace, M. D., LL. D., Waco.

SECTION ON OBSTETRICS AND DISEASES OF CHILDREN.

1. Report of Chairman, Edward Randall, M. D., Galveston.
2. *Symphysiotomy, and its Relation to other Obstetrical Operations.* J. F. Y. Paine, M. D., Galveston.
3. *Report of a Monstrosity Without Limbs or Sexual Organs.* Matthew M. Smith, B. Sc. M. A., M. D., Austin.

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4. Paper (title not given). L. L. Jones, M. D., Forney Texas.

SECTION ON SURGERY.

1. Report of Chairman, C. A. Smith, M. D., Tyler.
2. *Tuberculosis of the Joints, its Etiology and Treatment.* Wm. M. Cunningham, M. D., of Bastrop. Discussed by Drs. W. F. Starley, of Tyler, and I. E. Clark, of Schulenberg.
3. *Diseased Joints in Children.* Samuel E. Milliken, M. D., New York.
4. *The Treatment of Neglected Cases of Hip Joint Disease.* J. E. Thompson, M. D., Galveston.
5. *Removal of Female Breast and Axillary Glands for Malignant Disease.* B. F. Britain, M. D., of Arlington.
6. *A Report of Six Cases of Depressed Fracture of Frontal Region of Skull, with Two Deaths.* J. S. Price, M. D., of Beaumont. Discussed by Drs. A. F. Sampson, Galveston, and Matthew M. Smith, M. D., Austin.
7. *Brain Surgery of To-Day.* Matthew M. Smith, M. D., Austin.
8. *Concussion and Contusion of the Brain.* T. F. Wynn, M. D., Pittsburg.
9. *A Contribution to the Study of the Action of Chloroform.* Drs. Edward Randall and David Cerna, Galveston.
10. *Chloroform Anesthesia.* Q. C. Smith, Austin. Discussed by Drs. H. K. Leake, Dallas, and H. C. Nott, Goliad.
11. *Irrigation and Drainage for Peritonitis.* Joseph Price, M. D., Philadelphia, Pa. Discussed by Drs. B. E. Hadra, San Antonio, and C. A. Smith, Tyler.
12. *The Modern Treatment of Wounds.* Russell A. Hibbs, New York City. Discussed by Drs. T. J. Bennett, Austin, and George W. Christian, Houston.
13. *Report of a Case of Injury to the Chest.* August Schenk, M. D., Kenney.
14. *Appendicitis; also Report of Case of Congenital Displaced Enlarged Liver, Mistaken for Tumor; Operation.* J. E. Gilchrest, M. D. Gainesville. Discussed by Drs. B. E. Hadra, San Antonio, and A. Sims, Weatherford.
15. *The Operative and Mechanical Treatment of Club-Foot, with Report of Cases.* T. W. Shearer, M. D., Wallisville.

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16. *A Case of Incomplete Dislocation of the Head of Tibia Inwards, with Complete Outward Vertical Luxation of the Patella.* William J. Bever, M. D., Creek.
17. *On Perindorrhaphy by Duke's Method.* Thos. More Madden, M. D., Honorary Member, Dublin, Ireland.
18. *Abscess of Spleen in Child Three Months Old, Recovery.* W. A. Watkins, M. D., Kemp. Discussed by Drs. Q. C. Smith, Austin, and J. D. Burch, Aurora.
19. *The Fitness of the Climate of Texas for Operative Surgery, Demonstrated by Results in Recent Capital Cases,* by Drs. Beall, Walker and Capps, Fort Worth.

SECTION ON MEDICAL JURISPRUDENCE, ETC.

1. Report of Chairman, B. F. Brittain, M. D., Arlington.
2. *Morphine Suicides. Prevention. Treatment of Opium Poisoning.* E. D. Capps, Fort Worth.

SECTION ON STATE MEDICINE AND PUBLIC HYGIENE.

1. Report of Chairman, (*Progress of Preventive Medicine*). T. J. Bennett, M. D., Austin.
2. *Increase of Mental Unsoundness.* D. R. Wallace, M. D., LL. D., Waco. Discussed by F. S. White, M. D.
3. *A Comprehensive, Practical and Effective Health System Supervised by the State—An Imminent and Pressing Necessity,—To Procure Which the Texas State Medical Association, as the Legitimate Representative of the Profession of the State, Should Take the Initiative.* J. L. Cunningham, M. D., Fort Worth. Discussed by Drs. N. B. Kennedy, Hillsboro, and R. M. Swearingen, Austin.
4. *How to Prevent Typhoid Fever.* J. W. Carhart, M. D., Lampasas. Discussed by Drs. H. A. West, Galveston, and H. C. Black, Waco.
5. *Consumption, and How to Cure it.* W. R. Blailock, M. D., McGregor. Discussed by Drs. J. S. Lankford, San Antonio, and J. W. McLaughlin, Austin.
6. *Mind Cure.* D. R. Wallace, M. D., Waco.

SECTION ON GYNECOLOGY.

1. Report of Chairman, Geo. W. Christian, M. D.
2. *Dysmenorrhœa, with Sterility, and its Treatment.* Sam Cunningham, M. D., Elgin. Discussed by Drs. Hibbs, of New York, and G. B. Foscue, of Waco.

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3. *An Original Method of Disposing of the Ligatures after Laparotomies in the Pelvic Region, Effecting Perfect Vaginal Drainage; With Report of Cases.* Joseph Cummings, of Austin. Discussed by Drs. W. J. Mathews, of Austin, and H. H. Thorppe, of Liberty Hill.
4. *Intra-Uterine Manipulations in Pelvic Inflammation.* J. F. Y. Paine, M. D., Galveston.
5. Paper (title not given). H. K. Leake, M. D., Dallas.
6. *Placenta Prævia; Treated by Cæsarian Section.* G. A. Moses, M. D., St. Louis, Mo. Discussed by Drs. T. D. Wooten, Austin, and George Cupples, San Antonio.
7. *The After Treatment of Cæiliotomies.* G. D. Parker, M. D., of Houston. Discussed by Drs. A. C. Scott, of Temple, and Q. C. Smith, of Austin.

SECTION ON DERMATOLOGY.

1. Report of Chairman, F. E. Daniel, M. D., Austin.
2. *The Use and Abuse of Arsenic in Skin Diseases.* Isadore Dyer, M. D., Tulane University, N. O.

SECTION ON MICROSCOPY AND PATHOLOGY.

1. Report of Chairman, Allen J. Smith, M. D., Galveston.
2. *Some Clinical Observations on Hæmatozoa Malariæ.* Wm. Gammon, M. D., Galveston.

So far no papers have been reported to the Secretary for the Section on Opthalmology.

H. A. WEST, M. D.,
Galveston, Secretary.

A. N. DENTON, M. D.,
Chairman Arrangement, Austin.

To Microscopists.—Prof. Allen J. Smith, Professor Pathology, etc., in Medical Department University Texas, and Chairman of Section on Microscopy and Pathology Texas State Medical Association, requests the JOURNAL to say that he will be pleased to correspond with any physician who has matter of interest in microscopy or pathology to announce; and that all such persons are invited to contribute same to his Section for the April (24 to 28) meeting of State Medical Association at Austin.

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TEXAS STATE MEDICAL ASSOCIATION.

The following circular has been issued:

AUSTIN, TEXAS, March 10, 1894.

The undersigned, Chairman of Committee on Hotels, takes pleasure in announcing to fellow-members of the Texas State Medical Association, who may attend the next annual meeting of the Association at Austin, Texas, April 26, 1894, that he has secured for them commuted rates at the principal hotels of Austin, as follows:

Driskill, board and lodging per diem	$2 50
Hotel Salge, board and lodging per diem	2 00
Avenue Hotel, board and lodging per diem	2 00
Hotel Orr, board and lodging per diem	1 50
Austin House, board and lodging per diem	1 25

The condition of the foregoing commuted rates is, that physicians attending the T. S. M. Association must lodge at least two in each room.

Members desiring to secure rooms in advance, in hotel or private boarding houses will please drop us a line stating their wishes, and we will take great pleasure in promptly complying with their requests.

Our city is generously provided with good hotels and nice boarding houses, so we can easily accommodate, in comfortable and elegant style, the large number of members we hope will meet with us.

Come, brethern, and let us have a royal good time. We certainly earn one holiday in a year; come and help us enjoy it, with a "feast of reason and a flow of soul."

Yours most cordially,

Q. C. SMITH, M. D.,
Chairman of Committee on Hotels.

617 Colorado Street.

The Medical Association.—Our worthy contemporary *The North Carolina Medical Journal*, in the February issue, has the following timely suggestion, which we fully endorse.

"In the first place, is it worth while to be a member of the State Society? Is it worth a man's while to absent himself from his practice for four or five days each year to attend the meetings? Does it pay him to do this besides spending the

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money necessary for the trip? To all these questions we answer most emphatically, Yes. It is worth to any physician many times more than it costs him. Not only in the benefit he derives from respiting his tired mind and body from the daily routine of a laborious practice, from the making of firm and lasting friendships among his professional brethren, from the new ideas he catches in the discussions upon many and varied subjects, or from the Society honors to which he may attain; but the time has come when the very fact of being a member of the State Society is a matter of vast importance to the reputable physicians of our State, for the laity have accustomed themselves to judge, in some degree, a physician's standing by that fact. Often have we had the question asked us concerning different physicians: "Is he a member of the State Society?" And when answered in the negative, it was always apparent that, in the interrogator's opinion, that physician did not occupy quite so high a place, even when our reply was guarded by the assertion that there were many excellent physicians in the State who had not identified themselves with the Society. They feel, and in great measure rightly, that a physician who is not a member of the Society, does not show a proper interest in his profession, or sufficient zeal in keeping abreast of the advances that are so rapidly developing."

The Austin District Medical Society held its regular quarterly meeting March 22d ult., with a fair attendance. The papers read will appear in the JOURNAL as opportunity to use them presents. Dr. Fannie Leake read a paper entitled "The Doctors Themselves," in which she showed up some of the foibles of the doctor, and described certain evils which beset him, the thing principally complained of being the want of reciprocity on the part of the druggist towards the doctor who sends him prescriptions; and the chronic complaint of inability to make people pay doctor's bills. The paper elicited an animated discussion.

The Railroad Surgeons will have a big convention at Galveston on 9th and 10th next month, a very large attendance being expected. They will excurt to Austin and run out and take a look at our superb dam and lake.

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EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., Editor.
S. E. HUDSON, M. D., Managing Editor.
A. J. SMITH. M. D., Galveston, Associate Editor.

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PROF. DAVID CERNA, M. D., Texas Medical College, Galveston; Therapeutics.
PROF. A. J. SMITH, M. D., Texas Medical College, Galveston; Medicine
DR. ISADORE DYER, Tulane University; Dermatology.
DR. R. H. L. BIBB, Saltillo, Mexico; Foreign Correspondent.
DR. ROBT. MORRIS, Charity Hospital, N. O.; Clinical Reports

THE JOURNAL AND THE ASSOCIATION.

That the TEXAS MEDICAL JOURNAL is the staunch friend and well wisher and supporter of the State Medical Association has been a matter of record many years, sufficiently demonstrated on every occasion. It has been its promoter, defender and champion. We early began to advocate "organization," and for ten years, as our pages show, have steadily insisted upon it, as a means to ends; in fact, in those words are declared our mission and aim, in our first prospectus.

Because, at times the JOURNAL has severely criticised certain action—and at other times failure of action on the part of the Association; because we have brought to the attention of that body certain things that were going on, which constituted a reproach to the very name of medicine, and other things which threatened its peace and its very existence, and in consequence thereof, agitation, and for a time strife was produced, it is no more to be assumed that we were *unfriendly* towards that body, than is a parent who, for his child's good, corrects errors in his character, and checks tendency to evil. It was because the JOURNAL loved the Association, and to save it, that we followed the course we have done all these years. Whenever anything has come to the knowledge of the JOURNAL, calculated, in our judgment, to detract from the honor and dignity of the profession, or which threatened the Association's integrity, the JOURNAL has fearlessly condemned it, and pointed out the proper course to be pursued.

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After all this agitation, the result is salutary. Like wine which has undergone fermentation, all the dregs have been precipitated, and the clear liquor, strong and wholesome, remains, in a state of undisturbed serenity. All is now peace; and henceforth, our hope is, that there shall "not a wave of trouble roll across its peaceful breast." The Association has undoubtedly gone through a long period of unrest; but now it is serene and strong; there is not a disturbing element in its organization, and it can proceed to business. What that business is—it would be an insult to the intelligence of every reader to specify; it is self-evident. Let members look around them and see what the State Associations are doing in other States, Ohio, particularly, and undismayed by past failures, renew their efforts; for one thing,—to secure much needed medical legislation.

* * *

It has been thrown up to the Association by unfriendly parties that its membership does not embrace ten per cent. of the physicians of the State. While that is true, it is no reflection on the worth or merit of the organization. Texas is a very large State, and for the greater part of its area. is sparcely settled. The majority of physicians are so situated that they would have to travel, perhaps horseback or in a buggy, an inconvenient distance to attend its meetings. The time will never come, for this reason, when the Association will include a much larger per cent. of the physicians than it does now. Our observation, extending over a period of twelve years, is that at each meeting most of the physicians in easy access of the place of meeting, join. The next year and the next, the meetings will be held at points out of their reach, and in that way the same physicians—with perhaps fifty exceptions,—do not attend all meetings. When the convention is held at San Antonio, Houston or Galveston, there is a large attendance of those accessible,—for this part of the State is thickly populated with doctors; when we meet at Tyler or Paris, those accessible join, and the meeting is largely made up of physicians from that section,—few of those who joined at Galveston or Houston or San Antonio, putting in an appearance. And, as the meetings are held about, first in one section of the State, then in another, the majority of physicians find it impossible to attend every meeting, and thus they lose interest and drop out. The membership is thus changeable, not fixed.

* * *

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As it has been said that the Association is disintegrating, we have compiled the following table as showing the movement of the membership, and illustrating our position. If all who have at various times been members are counted, it will be seen that the discrepancy is not so great:

In 1884 there were 280 members	280
In 1884, admitted at Belton	89
In 1885, at Houston	39
In 1886, at Dallas	87
In 1887, at Austin	52
In 1888, at Galveston	32
In 1889, at San Antonio	58
In 1890, at Fort Worth	48
In 1891, at Waco	44
In 1892, at Tyler	35
In 1893, at Galveston	37
Making a total of	801
1894, the roll at present numbers	386
Showing a loss of	415

Against a gain of 521, and a net gain of 106; or about 38 per cent. permanent gain.

Is there a remedy for this? Is there any way in which a larger number of the physicians can be gotten into and held to membership? We might try a change of policy with regard to our annual meetings. Instead of skipping about from south to north, and from east to west, all over the State, in the effort to accommodate all—and in effect inconveniencing the majority of members, perhaps,—we might have a fixed place of meeting, say at the capital. That there are objections to this, which can be urged with force, we are aware; but it would, perhaps, have the effect of holding together and securing, at every meeting, a larger number,—and representing a larger area—than is the case under the present plan.

* * *

The JOURNAL urges every physician, who reads this, to make his arrangements to get off the last week in April and run over to the capital to the big meeting. Austin will have on her loveliest spring attire in April. Strawberries will be ripe, and roses in bloom. Our sweet south breezes will be laden with the breath of violets wafted from the "violet crown" of the adjacent cedar-

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clad hills, and all will be lovely. There will doubtless be an unusually large attendance, and physicians will have a rare chance for professional reunion and pleasant social intercourse; of extending their acquaintance and broadening their views of many things. All work and no play makes Jack a dull boy,—and we have already too many Jacks and dull boys. Come and give yourself at least three days, or two days, of needed recreation. You will feel better for it and be better as a man and as a doctor. The programme will be very attractive. Make an effort, and you can get off at least two days. Come!

THE DISCOVERY OF ETHER ANÆSTHESIA.

"My only wish about it is to be regarded as a benefactor of my race."—CRAWFORD W. LONG.

Let us not take away from the rightful owner a reputation which enriches us not, and makes him poor indeed. Let justice have its full sway. Let us endeavor to set matters straight, regardless of national jealousies or sectional strife. Let us give credit where, and to whom credit is due. What Massachusetts has for many years tried to wrest from Georgia, must be placed under a new light, the light of truth and justice.

In the first place, the discovery of anæsthesia belongs to America. It is the gift of the New World (as antisepsis is that of the Old World) to suffering humanity. With regard especially to ether anæsthesia, great injustice has been and is still being done to its true discoverer. His name has been almost forgotten, and before the altar of praise and immortality false gods have been placed for adoration, while the true one has heretofore been consigned to oblivion, unhonored and unsung. But if it is right that we should do honor to whomsoever is worthy of it, it is time for adjustment in a question of historical veracity, a question not a question, indeed, but which has been made so, unwittingly, perhaps, but unjustly.

In his masterly address before the first Pan-American Medical Congress, Dr. William Pepper refers to "the introduction of nitrous oxide (1844) and of ether (1846) into medical practice, *with which the names of Wells and of Morton are so honorably connected*" (italics are ours), and more recently still, in the last edition of his "Principles and Practice of Surgery," Dr. John Ashhurst, jr., affirms that "the first really promising experiment in the introduction of anæsthesia dates back . . . to the year

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1844," and again records the erroneous belief that "the first surgical operation . . . done with the aid of ether was the removal of a tumor by Dr. John C. Warren, . . . in 1846."

Can it be possible that a most worthy son, a son of whom she should be proud, should fail to get the proper recognition at the very hands of his *alma mater?* But be this as it may, it is to be regretted that such eminent authorities as Pepper and Ashhurst should still continue to disseminate an error, an error proven to be such by the plain facts of history.

Whatever credit Wells and Jackson, Morton and Warren may be entitled to in the matter at issue (and we do not wish to rob them of it), it is but fair to say that the *true discoverer* of ether anæsthesia was a Southern medical man—Dr. Crawford W. Long; and the first operation, under the influence of ether, was performed in March, 1842, by the same Dr. Long.

The question as to priority in the discovery of ether anæsthesia was first agitated by the late Dr. J. Marion Sims, in 1877, and this writer published, in May of the same year, in the *Virginia Medical Monthly*, an able article, in which he concedes said priority to Dr. Long, a man whose modesty was depriving, and still continues to deprive him of his just laurels. Quite recently, that is, in the October (1893) number of the same *Virginia Medical Monthly*, and again in the February-March (1894) number of the *Tri-State Medical Journal*, Dr. Luther B. Grandy, of Atlanta, Georgia, based upon genuine documentary evidence, published exceedingly interesting papers, in which the author proves unquestionably the justice of the claims of Dr. Crawford W. Long as the true discoverer of anæsthesia by means of ether.

It has been ascertained by Dr. Grandy that Dr. Long, while still a medical student in the University of Pennsylvania (he graduated in 1839), became acquainted with the peculiar sensations produced by inhalations of sulphuric ether. Afterwards Dr. Long stated that, after he had located in Jefferson county, Georgia, he used to give the drug to his companions, for mere amusement, and from the fact that one young man who received a sprain of the ankle-joint, while under the influence of the drug, did not perceive the slightest pain until the effects of the ether had passed off, Dr. Long was "led to believe that surgical operations might be performed under ether without pain." According to Dr. Grandy, "in January, 1842, a patient presented, James M. Venables by name, with two small tumors on his neck, and Dr. Long proposed to him that if 'he would submit to the opera-

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tion while etherized' he 'would charge nothing, or only a nominal fee for operating.' The operation was done on the 30th of March, ether being administered on a towel. The second tumor was removed on the 6th of June following. Other operations, all of minor character, were done under the influence of ether, as occasion presented. Dr. Long waited for opportunity to test his discovery in major surgery, before publishing a report of his operations. In the mean time, Wells and Jackson and Morton made their discovery, and their first opportunity to apply the practical test came in October, 1846. In the Massachusetts General Hospital, a tumor of the neck was removed by Dr. Warren, Morton administering the ether. The successful experiment was published immediately, and Morton secured a patent on his ether, under the name of *Letheon*. Thus it was that the three New England experimenters for thirty years received the credit for a discovery which had been made four years and a half before by Dr. Long. When Morton sought to obtain a bonus from Congress for his discovery, Dr. Long presented his case also, and the merits of his claim were so well recognized that the efforts of Morton were completely frustrated. The first published account of Dr. Long's operations appeared in the *Southern Medical and Surgical Journal*, December, 1849."

Dr. Grandy deserves much credit for endeavoring, with facts historical, to remove the veil that is still thrown over the eyes of a large proportion of the medical profession. If nobody nowadays dares to deny to Harvey the discovery of the circulation of the blood, nor to Jenner that of the preventive powers of vaccine matter against small-pox, no one should dare to deny to Crawford W. Long his discovery of ether anæsthesia. Let us give credit to whom credit belongs. We seem to be more prone to accept as true statements that have been proved to be false, than to give due credit, as we should, to those noble and conscientious men who have furnished us with positive discoveries, discoveries that have been and are of real service to suffering humanity.

In the face of cold facts, words are a dead issue. The honor of the discovery of ether anæsthesia, and of its first application in the performance of a painless surgical operation, belongs, therefore, to a Southern medical man—Dr. Crawford W. Long. And while we mean no disrespect to the memory of Wells, Jackson, Morton and Warren, it is but right and just to insist in that a sacred debt should be paid to the real creditor. To him, then, who in his loftiness of purpose worked for the ad-

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vancement of science and the good of the race, with the only laudable ambition of becoming a public benefactor; to him who rendered a lasting service to humanity, let us bow our heads in recognition of his great discovery. Upon the venerable crown of Crawford W. Long let us place our wreath of laurel as a simple but significant token of our love and gratitude.

Crawford W. Long was not born great, nor has he had greatness thrust upon him. He achieved greatness, and no envious tongue, no fictitious power, shall rob him of his good name. Attempts may be made at dishonoring him, perhaps, but before the grandeur of the light of immortal truth, the petty darkness of injustice and envy will vanish in despair and in shame!

It is but fitting that the Legislature of Georgia shall place the statue of Crawford W. Long in the National Gallery of Statues in the city of Washington. But that is not enough. A statue of Crawford W. Long should be raised in every medical school, in every hospital, in every public institution, the world over. His memory, more sacred, indeed, than that of kings and conquerors, should be revered by every man, woman and child, while gratitude remains unsullied in the human breast. A Southerner, Crawford W. Long, belongs not only to the South, but also to the North, the East and the West of the greatest Republic of the earth; nay, more than that, he belongs to the world, for the immortal torch of his genius lights, and shall continue "to light up the ages with the splendor of his achievement." D. C.

NOT DREAMT OF IN HORATIO'S PHILOSOPHY.

Here is not only only something new but something very interesting. It is a discovery of importance. It is not a theory exactly, but as yet, it can hardly be said to be a fact. It is a plausible explanation of the reason why a person,—why all animals in fact,—go to sleep, and why they wake up. It is a very handy explanation, inasmuch as it is made to do service in another important cause, and explain why it is that a person, however much accustomed to take chloroform, will, may be, die, during its administration. Occasionally such cases occur, and the profession, heretofore, have been unable to explain the cause of death. A case occurred in Austin recently where a man who appeared, from examination, to be a good subject for chloroform, died suddenly, during the administration of a small quantity of chloroform, much to the surprise ofthe doctors.

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Dr. T. Lauder Brunton, who, it will be remembered, was a member of the celebrated Hyderabad Chloroform Commission, has written an article on the "Progress of Pharmacy," and published it in the *Humanitarian*, Mrs. Victoria Woodhull's English Journal of Sociology—(what a remarkable selection Mr. Brunton made for the publication of an article on *Pharmacy!*)—in which, after telling us how that, after all, the toad's poison is not poisonous,—but will cure dropsy by its stimulating action on the heart, branches off and says:

"It was just about the beginning of the present century that the first alkaloid, morphia, was discovered: * * * Ever since this discovery the number of alkaloids isolated from plants has been steadily increasing; but of late years chemists have not been content with simply obtaining new alkaloids from plants. They have set to work to make them artificially. Perhaps they have not been quite so successful as had been anticipated, but in the effort to make them, numerous bodies have been manufactured which are becoming of very great use in medicine. So numerous, indeed, are they and so fast are they increasing that it is becoming very hard work to keep one's knowledge of them abreast with the times, and a list of new remedies not very many months old is already antiquated. But, great as this department of chemistry is, there is another equally important, which appears to be just coming to the front. I mean the formation of alkaloids in the bodies of animals and of men. We know already that plants frequently contain more than one alkaloid, and that these (jaborandi for example) sometimes have an antagonistic physiological action. Others, again, such as nux vomica, contain two alkalies which have a similar action and will assist each other. Now alkaloids appear to be formed in the animal body, and these have not always the same physiological action. It would appear, for example, that during the day substances having a morphine-like action are formed more quickly than they are excreted, so that towards night the accumulation of these narcotic bodies tends to produce slumber, and thus the individual goes to sleep for the night. But during sleep a different set of substances is produced which have a stimulant action, and as these go on accumulating whilst the narcotic substances are being excreted the sleep becomes lighter and lighter, until at last the stimulant action gets the upper hand and the person awakes. Now it is evident that just as the alkaloids derived from plants may antagonize each other, so the alkaloids formed in the body may more or less completely antagonize the action of alkaloids given as medicines; and indeed experience by the bedside has long ago shown that the best time to give a narcotic is in the evening, when sleep would naturally occur of itself. We have been accustomed hitherto to look far too exclusively to the action of a drug, forgetting altogether that the result which it produces in a living body is the reaction between the drug itself and

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the organism. We have to deal, not with one factor but with two, and just as the result may be varied by altering the remedy administered, so it may also be changed by altering the body of the recipient. A great deal has been written lately in the medical journals about deaths from anæsthetics, and especially from chloroform, and the utmost care is now used to obtain anæsthetics free from impurity, because impurities have been looked upon, and probably rightly, as being responsible for some deaths. But it is quite possible that the impurity, if we may so term it, is not always to be found in the chloroform administered, but actually exists in the body in the form of alkaloidal substances, which in combination with chloroform tend to produce death.

"Lately Professor Poehl, of St. Petersburg, was visiting this country, and he informed me that in Russia they are now beginning to pay much attention to this subject, and they are now able, by analysing the urine beforehand, to tell whether the administration of chloroform will be dangerous in any case or not. In a tolerably large proportion of the deaths recently recorded, the anæsthetic had previously been taken by the same persons with perfect safety. Why death should occur in such persons after a second or third administration has hitherto been a mystery, but it can now be readily understood on the supposition that from indigestion, imperfect action of the liver or some other cause, the alkaloids were more abundant at the time of the fatal administration than they were on the previous occasions. The idea which is now being worked out in Russia occurred to me several years ago, and therefore some of the experiments which were made by the Hyderabad Commission, of which I was a member, were performed with the object of ascertaining whether disease of the kidneys, induced by cantharides or the alteration in tissue change generally which is induced by phosphorus, would render the administration of chloroform more dangerous.

"Rich fields of new investigation, rich harvests of practical usefulness in relieving disease and prolonging life, are rapidly opening out, but how are these to be utilized? * * * Thanks to the liberality of the Pharmaceutical Society, guided by the wisdom of the President and Council, a research laboratory has now been established in England, which has already done most excellent work and given promise of still more in the future."

MAGNETIC HEALERS AND SIGHT DIAGNOSTICIANS.

With the "boy phenomenon," who recently visited Austin and fleeced so many credulous people with his slight of hand performances, there was a "Professor"—some-sort-of-a-Hall, who "professed" to diagnose every case at sight. He would charge only a dollar for this non-essential,—for it seems that all was fish that came to their nets,—and turn the victim over to the tender mercies of the "phenomenon," who would then rub

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and manipulate with one hand while he pocketed a big fee with the other. The "phenomenon" was the owner of a "diploma," and had it registered; therefore he was not come-at-able; he was, under our laws, a "legal practitioner;" but the professor,—oh the professor, where was he at? Out in the cold, cold world of uncharity, without the saving clause of a diploma, and he got arrested. He was brought before Justice Barbour on a charge, preferred by Dr. Bennett, of practicing medicine without license or diploma. He pleaded that he was not practicing medicine; that he only made the diagnosis, and the "boy phenomenon," did the rest. The venerable Dr. Wooten was placed on the stand, and said that making a diagnosis, while not all of practicing medicine, was a large part of it; that any one who pretended to diagnose disease "at sight" (without examination) was a fraud, "it couldn't be did"; that not even small-pox could be so diagnosed.

The professor was bound over in $300 bond, to appear and stand trial at the next term of county court. But the professor skipped. It remains to be seen whether he will test the case, the probabilities being largely that he will find it cheaper to pay the $300 than to stand cost of trial; because, he would surely be convicted, and that would compel him either to go and get a diploma or get out of the State or quit "diagnosing," either of which would amount to more in the end than $300. He has too good a thing to give up; but if every town would stick him for $300 his revenue would be cut very materially. Let the profession look out for him, and follow Dr. Bennett's example.

It is a great pity there is not a law to reach the other fellow. He is heeled; he has a "diploma," more's the pity; but he takes fees,—and very large ones are paid him,—on promises to cure such cases as epilepsy and chronic arthritic rheumatism, cases which a physician would hold out no hopes of cure. It is a painful and unpleasant thing for a physician to do as Dr. Bennett did in Hall's case. He lays himself liable to be accused of jealousy, of meddlesomeness, etc.; he is not given credit for honesty and disinterestedness. And still, if a physician does not bring the charge and make an effort to expose these traveling quacks, no one will, and they, unmolested, reap a rich harvest, carrying away vast sums from every town, taken from the credulous afflicted, who will grasp at a straw. That is a singular phase in human nature which makes an incurable cling to hope, and believe readily the promise of a stranger to cure him, even

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after his old family physician, a man grown gray, may be, in the honorable practice of medicine, has told him he could not be cured. It will be claimed, however, that the "boy phenomenon" did effect cures. Where are they? It remains to be seen. Under his ministrations some seemed to get better; but will the relief, if relief, be more than temporary? For awhile the will power is stimulated, an afflicted one will "make an effort,"—his hope is stimulated; he has faith, his imagination comes into play, and for the time being all these work together to produce apparent improvement. Just so they would do under the ministrations of any one who could command the confidence—as these traveling fellows seem to have the strange power of doing.

Well, experience is a dear teacher, and these deluded people who gave up their hard earned money to those two on promise to cure an afflicted child of epilepsy, perhaps, will be wiser men, may be, if poorer.

THE TEXAS MEDICAL LAW.—The Illinois State Board of Health in compiling a synopsis of the laws governing the practice in the several States, makes a bad break with regard to the law in Texas. We would like to know where Secretary Riley got his information; the old warhorse Sanitarian Rauch never made any such mistake; he was always sure he was right, and then went ahead. We only wish that the facts were as they are stated to be; for if there is any one thing that this JOURNAL has ventilated, it is the fact that in Texas we have, virtually, no law on the subject; and it has been a kind of standing subject for editorial lament that the profession have for years tried in vain to procure the passage of an act that would give us some protection against the hordes of pretenders who come into Texas to practice.

Secretary Riley surely has not been a reader of the TEXAS MEDICAL JOURNAL; that is no excuse however, for his ignorance on the subject. It is notorious that the Texas law requires nothing but a *diploma* (a license can be procured by virtue of it alone) and the clerk of the county court is the judge of that diploma, even though it be written in Latin, and he is unable to read it. In other words, in Texas "everything (in the way of a diploma) goes."

There is even less excuse for the ignorance of the New York *Medical Record*, the leading journal of America, on this subject, than for the Illinois Board; (and that is none at all, for when a

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board makes an official announcement, it should be sure its information is reliable). The editor of the *Record* reads; he reads the TEXAS MEDICAL JOURNAL, we know he does; it has been a kind of hair cloth undershirt to him, judging from certain wincing and kicks in times past, but the *Record* in commenting on the compilation of medical laws by the Illinois board does not correct the mistake, but shakes hands with himself in congratulation, and says: "It is encouraging in this connection to notice that there are sixteen States in which a diploma of itself is no license to practice, and in which an extra and independent State examination is demanded by law, before the applicant can be qualified." And Texas is classed with these. "Extra and independent State examinations" *nothing*: Texas has not even a State Board of Medical Examiners; and district boards only examine those who present themselves voluntarily, and who have no diploma. Contrary to all reason—contrary to Webster, who says a diploma is only an evidence of a degree having been conferred, and conveys no rights whatever; contrary to all authority, in Texas a diploma is authority to practice, and so recognized by its law; the conditions being that it shall be recorded. Very true, the law does require that the diploma shall be vised by a district board, and license procured from said district board,—but *without examination*. The latter part of the requirement—the appearance before a district board is usually dispensed with. The owner, (or it may be, the holder, only, of another man's diploma, so far as we know or have any means of ascertaining), simply registers the diploma in the office of the county clerk, and goes to practicing; and until recently it was generally thought that that was all that is required by the law. But the prosecution of the Kennedy case,—mention of which is made elsewhere,—and a full account of which will appear in our next, developed the fact that the registration is not all that is required, and that many of our best known physicians are not virtually legal practitioners, in that they have neglected to take out a license.

If the mistake in classification, and the currency given by the *Record* to the statement of the Illinois Board that Texas requires a State examination shall deter any of the unqualified from coming to Texas to practice, we will readily forgive both parties.

UNITED CONFEDERATE VETERANS.—Surgeon General U. C. V., Joseph Jones, M. D., LL. D., has permanently organ-

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ized the Medical Department of this organization by the division of the Southern States into three general departments, and assaigning to each department a medical director, who will be commissioned by the General Commanding, Gen. John B. Gordon, and given rank as Brigadier General. The Department of the Atlantic is assigned to Medical Director Hunter McGuire, M. D., Richmond, Va. Department of the Gulf, to Medical Director D. W. Yandell, M. D., Louisville, and the Trans. Mississippi Department to Medical Director J. M. Keller, M. D., Hot Springs. Each State is also made a department, and to each is assigned both a medical director and a medical inspector or two medical inspectors. The medical directors and medical inspectors of States will be commissioned, and will take rank respectively as Colonel and Lt. Colonel.

We note in addition to the above, only the appointments for Texas, to-wit:

S. H. Stout, A. M., M. D., LL. D., Dallas, Texas, late Surgeon C. S. A., and Medical Director of Hospitals, Army Tennessee, Medical Director.

F. E. Daniel, M. D., Austin, Texas, late Surgeon C. S. A., and Judge Advocate Department of Tennessee, Medical Inspector.

Elias J. Beall, M. D., Fort Worth, late Chief Surgeon, Walker's Division, C. S. A., Medical Inspector.

The Surgeon General says: " * * * The fact that the Confederate cause was lost does not the less entitle the Confederate veterans in any and every corps, medical as well as infantry, cavalry and artillery to the gratitude and lasting expression of honorable consideration of their fellow citizens."

At the same time we doubt the wisdom of keeping up such organization.

A WHITED SEPULCHRE.—The good old-time preacher said that certain women of the day resembled "a certain green bay tree," notwithstanding its clean and beautiful foliage spread out in the sunlight—and its head carried away up yonder, it was, he said, defective, in that it was "hollow in the butt."

There is a certain medical publication in Cincinnati which may likewise be compared to this same green bay tree, or, more appropriately, to a prostitute all decked out in silks and laces; pretty to look at; but—oh my ! how corrupt !—a very "whited sepulchre." It appears to be a hireling—not a "free," lance,

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engaged in the unholy cause of defending quackery on the part of once reputable physicians; it attempts to justify the most flagrant violations of the code, and denounces with bitter invectives editors who, very properly, stigmatise such departures as the sale of secret "cures"—as *quackery*. Esau was not so unreasonable, we apprehend, as to want to hold on to his birth-right while luxuriating in his soup, and there was none to demand it for him. Renegades to medicine should accept, with the price, the consequences; when one turns quack he should not be surprised to find himself kicked out of the profession, and no plea of former respectability—not even of seventeen years' record as a college professor, should entitle him to have his cake, and eat it too. But a new species of journalism has arisen in Cincinnati, it seems—one of the Ishmael variety; its hand is against all reputable medicine. The press should give it its deserts.

THAT DECISION.—What constitutes a legal practitioner in Texas? Our readers will recall the case of James Kennedy, M. D., vs. Schultze (San Antonio) for a surgical fee. Defendant put in the plea that Doctor Jas. Kennedy was not lawfully a practitioner, and showed that he had not received a license from the District Board—as the law requires—notwithstanding Dr. Kennedy has a diploma from the N. Y. College of Physicians and Surgeons, and is a professor in the Texas Medical College. Kennedy showed that there was no Board in existence in that District and pleaded that the law could not require a citizen to do an impossible thing. Nevertheless the court decided against him by judgment for defendant, and the doctor didn't get his fee. He appealed his case and the Court of Appeals has just sustained the decision. Dr. Kennedy will prepare a paper on the subject for our next number. This is a matter that vitally affects every physician practicing in Texas.

Medical News and Miscellany.

That splendid paper promised the JOURNAL by Hon. D. G. Wooten, and announced in our last, was not forthcoming. Sorry.

U. S. Pension Examiner.—Dr. T. J. Bennett has been apppointed Medical Examiner on the Pension Board at Austin, vice Dr. F. E. Daniel, resigned.

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An Electric Battery—new—for sale by this journal at a reduction.

Wanted—To hear from every Texas Doctor who wants to sell his property and change location. Address THE JOURNAL.

The Fourth Annual Meeting of the Association of Military Surgeons of the United States will be held at Washington, D. C., May 1st, 2d and 3d, 1894.

Handy for Physicians.—The J. Singer Book Co., of Galveston, now represent the great publishing house of P. Blakiston, Son & Co., Philadelphia, and are prepared to furnish the Texas profession all the medical publications from that house.

Waco.—The little outbreak of scarlet fever at Waco was promptly suppressed. The State Health Officer visited Waco and found the health officer there vigilant and efficient, and the few cases that had occurred were promptly isolated.

The senior takes opportunity, unbeknown'st to his modest junior, to announce the advent, since last issue, of a son, born to Dr. and Mrs. S. E. Hudson, and to extend to the happy parents warmest congratulations. He is a bouncing boy, and—just like his handsome *papa*.

Drs. Brown and Baily, in this issue, submit the history of a man who died some sixty or eighty days after having been bitten by a puppy, and ask if it were hydrophobia. Criticisms by our readers are invited. Our own opinion is that it was not hydrophobia; the absence of the characteristic convulsive features would seem to be sufficient to exclude hydrophobia.

Doctor: In making up your estimate of expenses for the trip to Austin to the big State Medical Convention, slip in an extra $2 blll for the JOURNAL,—those of you who are not subscribers, you will need it in your business. Subscribers are requested to do the same for renewal, or for arrears. Some few (who have unintentionally neglected us) are invited to put in *two* little $2 bills, to help get shoes and stockings for Bettie and the baby.

Dr. T. J. Tyner, of Austin, and his estimably lady, sailed from New York on the 18th March for Rome, where the doctor was appointed to read at the International Congress, on 29th March, a paper on his operation for cataract. He is the originator of a

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preliminary capsulotomy, a step whereby the extraction of the cataract is much simplified and the after-treatment much shortened. Dr. and Mrs. Tyner will return to Austin by the 20th of April inst., in time for the doctor to attend the meeting of the Texas State Medical Association.

Neuralgic Dysmenorrhea.—In the *Rivista Clinica e Terapeutica*, November 12, 1893, the following formula is praised:

Extract of opium, } aa cgms. 10
Extract of belladonna, }
(grs. jss).
Sulphate of quinine..... gm. 1
(grs. xv).

Sufficient for twenty-five pills. One every three hours.
—*Pritchard.*

"Down in Texas.—Editor Daniel, of the TEXAS MEDICAL JOURNAL, keeps up his record for publishing a red-hot journal in red.

"It is an uncommon day when he does not pitch into some one, or make an effort to reform something."—*Medical Sentinel, Portland, Oregon.*

Right you are, brother *Sentinel.* There is so much that needs pitching into, and so much that needs reforming, that we fee we are neglecting our duty unless we do take a hand.

Here's Your Chance, Doctor.—Make up your list of journals for 1894 from the following:

TEXAS MEDICAL JOURNAL ($2.00) will be sent in connection with the JOURNAL AMERICAN MEDICAL ASS. ($5.00 a year), both for	$6 00
Annals Gynecology and Pediatry ($2.00), both for	3 60
Annals Hygiene ($2.00), both for	3 60
Annals Surgery ($5.00), both for	6 00
International Journal Surgery ($1.00)	2 75
University Medical Magazine ($2.00)	3 60
Texas Medical Journal and "Cosmopolitan," both for	3 25

Mr. W. H. Holland,, Superintendent of the Texas (colored) Deaf and Dumb and Blind Institute, authorizes the JOURNAL to extend to visiting physicians and delegates to the Texas State Medical Association a cordial invitation to visit the Institute during their stay in Austin, and will be pleased to extend to them every courtesy in his power. This institution is a feature of Texas, great charity of which the State may well be proud,

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and we are informed by the Board of Managers that it is managed very creditably by the present Superintendent, and a visit will repay any physician who feels an interest—as all must do—in the care of our unfortunates.

Symmetrical Lipoma.—Dr. J. P. Coffy, of Plano, Texas, writes the JOURNAL that some years ago a New York college professor exhibited to the class a case of symmetrical lipoma, and stated that such cases are extremely rare. Dr. Coffy says he wants Texas to keep up with the procession, and he reports to the JOURNAL the case of a man, who, nine years ago, worked on a farm and weighed 165 pounds. He quit farming, engaging in mercantile business; and within twelve months his weight increased to 235 lbs., and he developed a series of fatty tumors, equal in number and about equal size, on each arm and each side of the chest. The tumors will average 1x1½ inches in diameter, and have not increased in size lately.

While the doctors are here at the great annual meeting of the State Medical Association, it will be worth their while to make a trip out to the Confederate Home. Capt. Barnette, the Superintendent, authorizes the JOURNAL to extend to them a cordial invitation to do so. They may, no doubt will, the younger ones particularly, feel an interest in beholding these hoary ruins of a former generation,—grim and gray relicts of a glorious, none the less glorious because lost, cause; and reflect that when the dread alarum sounded that waked the country to war, these men sprang to arms from homes as sweet and peace as serene as that the younger ones now know: and that then, to these men, life looked as rosy and inviting, as full of hope and promise, as it now appears to the young. They sacrificed all but honor in the cause they believed to be right. The State has done nobly in providing this Home, where these heroes may be sheltered and provided for, in their last days, from the sufferings and infirmities that come with old age. They did their best; mortal man could have done no more.

A Question of Veracity.—The *Lancet-Clinic* of March 24th, copies entire, Mr. Ryder-Taylor's letter in our last issue, "Do Newspapers Foster Abortion," and our editorial comments thereon, and says:

"The above letter and editorial are from the current issue of the TEXAS MEDICAL JOURNAL, both of which at this particular time, are of interest to the medical profession.

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"For Mr. Ryder-Taylor's information we have to say that Mr. George E. Gurrier, the well-known telegraphic correspondent of New York, has not denied the authenticity of the fake 'ads.' of the quack Amick Company sent out by him, nor has he instituted any libel suit against the Cincinnati *Lancet Clinic* for the exposure of that infamous business, which was deliberately entered into and carried out for the intentional deception of the people.

"We have in our possession Mr. George E. Gurrier's order to the Louisville *Anzeiger*. Our hand is right in the libel suit business, and we would just as leave as not have Mr. Gurrier proceed against us at once, as he is one of the connecting links in the little chain of that affair. His attention is directed to the little weeping episode of his confrère, published on another page of this issue of the *Lancet-Clinic*, with a suggestion that he at once hasten to his relief. He will thereby gain a little new experience before opening up his own smooth-bore batteries."

Book Notices.

REACTIONS. A Selection of Organic Chemical Preparations Important to Pharmacy in Regard to their Behavior to Commonly used Reagents. By F. A. Flückiger, Ph.D., M.D. Authorized English Edition. Translated, Revised and Enlarged by J. B. Nagelvoort, Analytical Chemist to the Pharm. Chem. Laboratory of Parke, Davis & Co. (With Portrait and Autograph of the Author.) Bound in cloth, large octavo; price, $2. Geo. S. Davis, Medical Publisher, Detroit, Mich.

This is a carefully prepared book of 154 large octavo pages, printed on extra heavy paper, and very stylish in appearance. A list of the principal reagents is given, followed by a concise description of the experimental tests made by the author and others, and the reactions resulting from the applications of these tests. The tests and the method of applying them to the various chemicals under consideration, are purposely of the most simple, and without going into theoretical explanation, which would unnecessarily enlarge the scope of the volume; the author aims at practical information only. Some of the reactions are here described for the first time, and the author frankly acknowledges that they are not yet fully understood.

In translating the volume from the German the translator has not attempted a verbatim translation, but rather a revised and enlarged edition of it. He has further added to the value of the original work by giving the result of his own experiments where the statements of the author were not concordant with those of other leading investigators.

The book is an excellent one and will rank high in pharmaceutical literature. H.

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A CLINICAL TEXT-BOOK OF MEDICAL DIAGNOSIS FOR PHYSICIANS AND STUDENTS BASED ON THE MOST RECENT METHODS OF EXAMINATION. By Oswald Vierordt, M. D., Professor of Medicine at the University of Heidelberg, formerly Privat-Docent at the University of Leipzig; later, Professor of Medicine and Director of the Medical Polyclinic at the University of Jena. Authorized translation, with additions, by Francis H. Stuart, A.M., M.D., member of the Medical Society of the county of Kings, New York; Fellow of the New York Academy of Medicine; Member of the British Medical Association, etc. Third revised edition. 700 pages, with one hundred and seventy-eight illustrations, many of which are in colors. Price, cloth, $4; sheep, $5; half Russia, $5.50. W. B. Saunders, Publisher, 925 Walnut St., Philadelphia.

The first edition of this splendid work was issued in 1888, and in the short period of six years the third edition has become necessary. It has been translated into the English, Russian, Italian and Spanish languages. This fact attests the high esteem in which the first and second editions of the book have been held, and now that we have a third edition, with corrections of the small errors found in the previous editions, and containing the latest information bearing on the diagnosis of diseases, thus bringing the work fully up to date, there is no reason why its popularity will not be vastly increased.

Prof. Vierordt, having been a teacher of diagnosis in some of the leading schools of Europe for the past ten years, is eminently qualified to prepare a book on this subject, of the highest order of merit, and we doubt if this one has a superior anywhere.

The book is divided into eight chapters, with the following general heads:

Chapter I, Introduction; Chapter II, Examination of patients; Chapter III, General examination; Chapter IV, Examination of the respiratory apparatus; Chapter V, Examination of the circulatory apparatus; Chapter VI, Examination of the digestive apparatus; Chapter VII, Examination of the urinary apparatus; Chapter VIII, Examination of the nervous system. It also has an appendix treating of "Lanyngoscopic Examinations of the Larynx," "Paralysis of the Muscles of the Larynx," "Examinations with the Ophthalmoscope," and "Bacteria which come under Consideration in the Diagnosis of Internal Diseases."

The index covers ninety-two pages, and is the most complete that we have ever seen in any book.

The book is well arranged, and splendidly written, and the translator has performed his labors very satisfactorily. It will be a source of gratification to many of the profession of Texas to

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know that the translator acknowledges the valuable services of Prof. George Dock, formerly of Galveston, in "the correction of many slight errors and suggestions of improvement." Prof. Dock was formerly a student of Prof. Vierordt, and uses this work as a text-book in his classes. H.

HERNIA: ITS PALLIATIVE AND RADICAL TREATMENT IN ADULTS, CHILDREN AND INFANTS. By Thomas H. Manley, A. M., M. D., Visiting Physician to Harlem Hospital, Consulting Surgeon to Fordham Hospital, Member of New York Academy of Medicine, American Medical Association, New York State and County Medical Associations, etc., etc. In one volume of 230 pages, profusely illustrated. Bound in cloth. Published by the Medical Press Co., Limited, 1725 Arch St., Philadelphia, Pa.

In view of the many changes that have been made in the treatment of hernia during the past twenty years, and the diversity of opinions held by leading men in the profession at this time, a book, such as this, written by one holding conservative views on the subject, is almost a necessity, and is a valuable addition to our list of medical works. Dr. Manley advocates a middle ground, opposed on the one hand to those who object to operative interference, except in cases of strangulated hernia, and to those on the other extreme who advise a surgical operation for the radical cure of all cases of hernia. He points out the serious injuries that may be done by trusses and other surgical appliances for the purpose of pressure, especially in young children. The book is well written throughout, and will meet with the approval of the majority of conservative surgeons.

H.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Volume V, the Session held at Louisville, Kentucky, November 16, 17 and 18, 1892. Published by the Association: 1893.

This volume is a credit to any medical organization, and the publishing committee, consisting of Dr. W. E. B. Davis, of Birmingham, Alabama; Dr. W. B. Rogers, of Memphis, Tennessee, and Dr. V. O. Hardon, of Atlanta, Georgia, deserves much credit for the excellent style in which the transactions are gotten out. The volume of 434 pages, including the index, contains many valuable papers on surgical and gynecological subjects, contributed by men of intelligence and experience. The paper on "Combined Surgical and Electrical Treatment of the Brain in Epilepsy," by our Dr. B. E. Hadra, of Galveston, is in this volume of the Transactions. This is a valuable contribution to medical literature, and we think adds much to the worth of this excellent volume of Transactions. H.

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A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS. By Roberts Bartholow, M. A., M. D., LL. D. Eighth edition, revised and enlarged. New York: D. Appleton & Co. 1893.

The eighth edition of this book has come to our exchange, and by oversight has not been noticed earlier. We can but refer to it in the very highest terms. It is a work that has been in the hands of students and physicians for the past seventeen years, and during that time eight editions have been issued, which bespeaks its patronage and the efforts of the author to keep it well up to all the recent advances in the medical world.

We must especially refer to the lengthy physiological action given to each drug, which is the true basis of a proper understanding of their action. This coupled with the author's many years experience as a professor of the practice of medicine and materia medica and therapeutics respectively, and his large private practice, makes this book one of the most complete, thoroughly practical and reliable works of the kind of equal size now extant. All changes deemed advisable have been added since the revision of the pharmacopœia. M. M. S.

A SYLLABUS OF LECTURES ON THE PRACTICE OF SURGERY. Arranged in conformity with the American Text-Book of Surgery. By N. Senn, M. D., Ph. D., LL. D., Chicago, Professor of the Practice of Surgery and Clinical Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon to Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital; President Association of Military Surgeons of the United States; Ex-President American Surgical Association, etc., etc. W. B. Saunders, Publisher, 925 Walnut Street, Philadelphia.

This book is prepared for the especial use of teachers of surgery, in order that they may have a guide in presenting the various subjects to their classes in a systematic and practical manner, and for students of surgery that they may be able to memorize the essentials, as here presented, in the most concise form possible. The arrangement of this syllabus is excellent, and it goes without saying that the book is first class in every respect, as Dr. Senn does nothing by halves. It will prove valuable to every surgeon, or student of surgery. H.

A CHAPTER ON CHOLERA FOR LAY READERS. History, Symptoms, Prevention and Treatment of the Disease. By Walter Vought, Ph.B., M.D., Medical Director and Physician-in-Charge of the Fire Island Quarantine Station, Port of New York; Fellow of the New York Academy of Medicine, etc. Illustrated with Colored Plates and Wood Engravings. In

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one small 12mo volume, 110 pages. Price, 75 cents net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This little book, as its name indicates, is prepared for the especial use of the laity, but there are many points in it, especially in the chapter on "Prevention," that might be read with profit by a large number of the medical profession. The book will answer the purpose for which it was written, splendidly, and we do not hesitate to commend it. If a copy of this book could be placed in the hands of every family, when an epidemic of cholera is threatening, it would prove of much assistance to sanitary officers and physicians, and might be the means of saving many lives. H.

THE SURGICAL ANATOMY AND SURGERY OF THE EAR, by Albert H. Tuttle, M. D., S. B. (Harv.) of Cambridge, Mass. Member of the Massachusetts Medical Society; Member of the American Medical Association, etc., etc., etc. With twenty-eight original illustrations, reproduced from the writer's drawings from nature. Price, paper, 25 cents; cloth, 50 cents. Geo. S. Davis, publisher, Detroit, Mich.

This is an excellent monograph on the surgical anatomy of the ear, together with many very valuable new illustration, and instructions for the surgical treatment of ear affection. The author does not claim that this little book includes all the important questions on the subject of aural surgery and anatomy, but he has tried to select those which offer the greatest from a surgical standpoint.

A SYSTEM OF LEGAL MEDICINE. A Complete Work of Reference for Medical and Legal Practitioners, by Allan McLane Hamilton, M. D., of New York, and Lawrence Godkin, esq., of the New York Bar, assisted by thirty Collaborators of recognized ability. In two royal octavo volumes of about 700 pages each. Fully illustrated. E. B. TREAT, 5 Cooper Union, New York.

The great need of a standard American work on medical jurisprudence has long been felt; and this work gives abundant promise of being just what the medical and legal profession have so long wanted. Every department will be thoroughly and reliably treated.

EDWARD BOK'S successful article in the January "*Cosmopolitan*" on "The Young Man in Business" has been reprinted in a tasteful and handy booklet form at 10 cents, by The Curtis Publishing Company, of Philadelphia. To this reprint Mr. Bok has added some 14 pages of editorial matter answering "Three Uncertain Young Men."

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Represents, in all essential features, the highest degreee of perfection in the Emulsionizing of Cod Liver Oil.

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Particularly applicable to conditions of **mal-nutrition.**
A reliable **tonic** in **convalescence** from the exanthemata, and of obvious indication in those cases whose deficiency of the Phosphates results in **glandular enlargements, scrofulosis, imperfect bone formation,** or **impairment of the central nervous system.** An easily appropriated and stable combination of the Soluble **Wheat Phosphates** with **Muriate of Quinine, Iron** and **Strychnia.**
Of greater strength than the various Hypophosphite compounds.

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WHEAT PHOSPHATES.
COD LIVER OIL EMUL.

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FORMULA:
Each fluid drachm contains

Tonga, 30 grs.
Sodium Salicylate, 10 grs.
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Pilocarpin Salicylate, 1-100 gr.
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ANTI-NEURALGIC.
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Possesses a peculiar affinity for viscid and sluggish secretions, neutralizing and eliminating them through the bowels and the emunctories.

INDICATED IN

Neuralgia,
Rheumatism,
La Grippe,
Gout,
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Nervous Headache.

The Salicylic Acid being from Oil of Wintergreen.

Sample of Tongaline sent to any physician who will pay express charges.

INDICATED IN

Metritis,
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Menorrhagia,
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Leucorrhœa,
Dysmenorrhœa,
Ovarian Neuralgia,
Painful Pregnancy,
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Ponca Comp.

UTERINE ALTERATIVE.

Exercises a decided alterative action on the uterine tissues, a general tonic influence on the Pelvic Organs; has a tendency to absorb plastic deposits, to regulate the vascular supply, to relieve congestion, to tone up the nerve forces, to encourage peristalsis, and to remove spasmodic conditions.

FORMULA:

Each tablet contains
Ext. Ponca, 3 grs.
Ext. Mitchella Repens 1 gr.
Caulophyllin, ⅛ gr.
Helonin, ⅛ gr.
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Sample of Ponca Compound sent free on application.

MELLIER DRUG COMPANY, ST. LOUIS.

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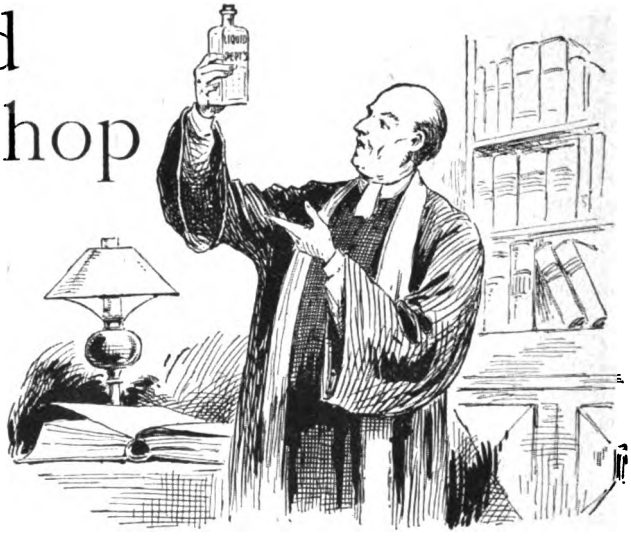
The Good Old Bishop

"It is of a nature so mild and benign, and Proportioned to the human constitution, as to warm without heating, to cheer but not inebriate."
—BISHOP BERKELY.



must have had Liquid Peptonoids with Coca in mind when he evolved the above sentiment. It is "proportioned to the human constitution" in that it contains all of the essential nutritive elements of beef, milk and gluten, ready for immediate absorption and appropriation. It "warms without heating" and cheers without inebriating, because the reconstructive and force-sustaining potency of the Peptonoids anticipates and nullifies any reactionary effect of the Coca.

This is our explanation of the therapeutic efficiency of **Liquid Peptonoids with Coca.** Perhaps physicians may know of some other reason. If so, we should be pleased to be advised of it.

Send for "THE DOCTOR'S FACTOTUM."
Issued bi-monthly.

The Arlington Chemical Co.,
YONKERS, N. Y.

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Publishers' Notes.

Arsenauro is the name of a new preparation which is attracting much attention. Its properties are indicated by the name. The E. M. Johnson Co. have the exclusive privilege of manufacturing it upon Dr. Barclay's formula. See advertisement, and investigate the claims of the new candidate for favor. Mention the JOURNAL.

The Lambert Pharmacal Co., whose other name is "Listerine," one of the most popular preparations in the world and one of the most valuable, have renewed their advertisement with us, and have something of unusual interest to say to the doctors, in this issue. Read their advertisement, and communicate with the firm, mentioning the *red back*.

The Kentucky School of Medicine renews its advertisement for the ninth year with us. Anything we could say in commendation of the School would be entirely superfluous, as it is known to be the largest Summer Medical School, perhaps, in the world and the most successful. Think of a class of six hundred students; over one hundred Texans amongst them. Write to Prof. Wathen for catalogue.

Sennine.—This preparation has recently been introduced to the profession by the Dios Chemical Co., put up in two ounce tin boxes with inner perforated lid, and is made by a German chemist whose qualifications I know, and I am glad to recommend the preparation, because it is a scientific one, and is put up in such a neat and practical manner as to readily answer the requirements of the busy surgeon in private, as well as in hospital practice.

Saddle bags have not gone out of fashion by a jug full; they are an indispensable requisite to all country physicians; and it is highly desirable to have a good one. The Weller-Stevens Saddle-Bag Co. of St. Louis have about perfected the saddle bag, and their manufacture is a model of compactness, strength, convenience. See their new advertisement; write for a descriptive catalogue, and treat yourself to a new pair; they are a luxury to a doctor who has to dispense his drugs. Mention the JOURNAL.

Labordine is the name of a new and elegant pharmaceutical preparation now offered to the profession. It is an antipyretic and analgesic, for which are claimed advantages over preparations of that character from coal-tar products, in that it is unattended with danger; that it does not depress the heart's action or produce cyanosis, it being a purely vegetable compound. It is highly recommended by those who have used it, and we invite the attention of our readers to the advertisement on our inside

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page, in this issue, and suggest an investigation of the claims of the new preparation, mentioning this JOURNAL.

ELDORA, IOWA, Dec. 9, 1893.

The Hall Capsule Co., Cincinnati, Ohio:

GENTLEMEN:—While I do not like to give testimonials to every one who asks them, yet I feel that in this case it is due to all parties concerned that I should say a good word for the capsules. I have used the Anderson vaginal capsule to a considerable extent, and would not like to do without them in the treatment of many vaginal and uterine troubles. They have served well as a mechanical support in several cases of reversions of the uterus. Very truly yours,

LILLIE DALE LIGHTER, M. D.

Important Patent Decision—The Allen Pump Patents Sustained.—Judge Grosscup, of the United States Circuit Court, in Chicago, has just rendered a lengthy decision sustaining the validity of the Allen patents. This decision is the result of a suit brought by Mr. Charles Truax, Chicago, against W. C. Carroll, Burton F. Hales et al., of the Physicians' National Supply Company, for manufacturing and selling surgical pumps resembling those manufactured under the Allen patents. This is an important decision, and one of considerable interest to the medical profession.

Locomotor Ataxia.—This disease, which involves the posterior columns of the spinal cord, is regarded by many eminent authorities as having its origin from syphilis.

The symptoms can not be mistaken when the disease is advanced. There is marked loss of power of co-ordination in the muscles of the legs, and the victim loses the control over their movements. He is also subject to momentary darting, cutting and excruciating pains in the legs and lower part of the body. The cause of the trouble suggests the remedy, although we can not always look forward to a cure. We prescribe the Elixir Six Iodides, with a belief that it is one of the most happy combinations for the relief of this class of unfortunates.

Metrorrhagia.—T. Henson Smith, L. R. C. P. & L. R. C. S. & L. M., Reddish Green, near Stockport, England, says: I have found the Aletris Cordial useful, chiefly in cases of irregular and difficult menstruations. In one case, a girl of twenty, who has been under my treatment a year with irregular and painful menstruation, I have been able to afford complete relief by giving the Aletris Cordial in teaspoonful doses, commencing about two days before the period, and during the time of menstruation. I have also tried it in a case of dysmenorrhea, with megrimes. The result has been to remove the dysmenorrhea and relieve the headache. I have found it beneficial in many uterine cases.

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WEAKENED SEXUAL POWER

PRE-SENILITY
WASTING OF TESTES, OVARIES and MAMMÆ

SEXUAL IMPOTENCY
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A RECONSTRUCTIVE AND VITALIZING ··TONIC··
EACH PILL CONTAINS
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COCA LEAVES ..... „
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VAGINAL CAPSULES
FOR THE LOCAL TREATMENT OF
DISEASES OF THE VAGINA AND UTERUS

Send for Descriptive Pamphlets

THE MOST PRACTICAL, CONVENIENT AND CLEANLY MEANS FOR INTRODUCING REMEDIES INTO THE VAGINA:
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TAMPON MAY BE MEDICATED WITH ANY REMEDY INDICATED:
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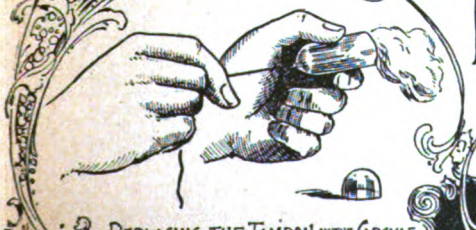
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BROMIDE OF GOLD AND ARSENIC

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Every 10 drops—the ordinary dose—contain 1-32 grain of gold bromide and 1-32 grain of arsenic bromide.

Locomotor Ataxia,
Scleroses, Adenitis,
Sciatica, Epilepsy,
Fibroid Phthisis,

Cirrhosis of the
Liver and Lungs,
Miliary Tuberculosis,
Rheumatoid Arthritis,

ARRESTS FIBROID AND CALCAREOUS DEGENERATION

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UNEXCELLED IN LA GRIPPE AND PNEUMONIA

~~ANALGINE-LABORDE,~~

Called Hereafter "LABORDINE."

ONLY ELEMENTS, C, H, N, O

CAUTION:—To avoid mistakes in future, please specify **"LABORDINE"** instead of **Analgine-Laborde** as **Coal-Tar Products** of some what similar name are being frequently dispensed by **mistake** for our **product.** Hence our reason for **change of name.** The majority of Antipyretics, Analgesics and Anodynes on the market are **COAL-TAR PRODUCTS** and as Physicians well know, are **dangerous** and **many deaths** are attributed to their use.

LABORDINE is a purely **vegetable product** of a brownish gray color, agreeable taste and odor, slightly soluble in water, soluble in alcoholic solutions, and compatible with all drugs. It is composed of the active principles of Apium Graveolus and Camellia Thea. It is an original formula of **PROF. LABORDE,** and is in general use in France and all other European Countries, and has taken the place of all **COAL-TAR PRODUCTS,** as it has none of the disadvantages of the same, etc. etc. As a remedy for headaches and fevers, arising from any cause, it is unexcelled, also for vague transitory and wandering pains of the Neuralgic and Rhematic type.

LABORDINE	**LABORDINE**
Sustains the action of the heart always.	Habit cannot be acquired.
Is perfectly harmless.	Does not derange the stomach.
Is a purely vegetable product.	Leaves the head clear.
Leaves no deleterious after effects.	Does not cause diziness.
Always acts alike.	The dose never needs to be increased.

Labordine is unexcelled by any of the Coal-Tar Products of their compounds, as an antipyretic, analgesis and anodpne, compatible with all drugs, therefore most useful and indicated in all diseases of inflammatory and nervous origin. **PRICE $1.00 PER OUNCE.** (Powder or 5 grain tablets.)

Average dose: 10 grains, repeat if necessary in fifteen minutes. Symples to physicians on application.

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The Physician of To-day

has escaped a great many popular prejudices—his preceptors had to fight them.

Cod Liver Oil was one of them—but there was some reason back of that prejudice. Plain cod-liver oil could never have become popular—patients requiring it could not, on account of its indigestibility, take it in this plain form.

The modern idea of it—SCOTT'S EMULSION—together with the intelligent, experimental tests of progressive physicians have resulted in vastly multiplying the uses of cod liver oil.

SCOTT'S EMULSION of Cod Liver Oil with Hypophosphites is employed with success where plain oil is out of the question.

Prepared by SCOTT & BOWNE, Chemists.

132 *South Fifth Avenue, New York.*

SAMPLE of Scott's Emulsion delivered free to the address of any physician in regular practice.

FORMULA; 50% of finest Norwegian Cod Liver Oil; 6 grs. Hypophosphite of Lime; 3 grs. Hypophosphite of Soda to the fluid ounce.

Antikamnia.—This is a combination of elements belonging to the coal-tar group, and is an American product. It is a white crystalline powder, odorless, and has a slightly burning taste; soluble in hot water and in diluted alcohol, but not in cold water. It acts as antipyretic, analgesic and anodyne. The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrin, but is not attended with as much depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe headaches it is the remedy *par excellence.*—C. A. Julian, M. D., Louisville Medical College, in *N. Y. Med. Journal.*

Dr. Frank Lydston, Professor of Syphilology in the Chicago College of Physicians and Surgeons, says: I have been using your R. & H. Three Chlorides very extensively in my practice. I began its use at the suggestion of my esteemed friend, Prof. John A. Larrabee, of Louisville, Ky. I have found it deserves all the praise which he gave it.

Having largely an office practice, I am necessarily brought in contact with the very class of cases of chronic ailments for which your remedy is recommended; wherever I want an alterative and tonic combined, the R. & H. Three Chlorides is my favorite formula.

In chronic syphilis and in the post-syphilitic cachexia it is of especial value. In chronic skin affections I have found it a

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valuable adjuvant to the usual lines of local and general medication. Patients take it readily. It acts well and is not a quack preparation, but is a reliable and open formula, and I see no reason why it should not be extensively prescribed by scientific practitioners.

American Medical Publishers' Association.—The first annual meeting of this Association was held in the Grand Hotel, Cincinnati, on Monday, December 4, 1893, and steps were taken in the direction of active, routine work. The by-laws and rules were revised and amended, while the name was modified in accordance with a demand from medical publishers of a general nature who desired to become members of the Association. The active co-operation of every medical publisher is earnestly solicited. Next meeting in Washington, D. C., September, 1894. Officers: President, Dr. Landon B. Edwards, Richmond, Virginia; Vice-President, Dr. J. C. Culbertson, Cincinnati, Ohio; Treasurer, J. MacDonald, Jr., New York City. For application blanks and copies of the Articles of Association, address,

CHARLES WOOD FASSETT, Secretary,
Corner Sixth and Charles, St. Joseph, Mo.

Undeveloped Mammæ and Irregular Menstruation with General Debility.—I prescribed *Sanmetto* to my daughter in teaspoonful doses three times a day, who had been in a debilitated condition for two years. The history of her case is as follows: Age, seventeen years; menstruated at the age of fourteen years; her general health good up to that time, but two and one-half years ago I noticed a decline in her health. I also learned there was some irregularity in menstruating, and while in this debilitated condition she received quite a nervous shock owing to the death of her little brother. Since that time I have used various remedies to build her up, but her menstrual flow, as a rule, was scant, and the mammaries had not developed as my other daughter's. She was troubled with a torpid liver, together with obstinate constipation. She complained of pain in right hypochondriac and left iliac regions. I could not discover any benefit from the use of the first bottle of *Sanmetto*, but hoping that it might prove beneficial, I continued its use. It affords me much pleasure now to report the result obtained from *Sanmetto* in the case. Since using the last bottle she has mended wonderfully indeed, and is to-day in better health than she has been for three or four years; has gained several pounds; ovarian neuralgia almost entirely gone, and mammaries developing nicely.

W. B. MASK, M. D.

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J. W. McLAUGHLIN, M. D.,

President Texas State Medical Association

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TEXAS MEDICAL JOURNAL.

ESTABLISHED JULY, 1885.

PUBLISHED MONTHLY. SUBSCRIPTION $2.00 A YEAR.

AUSTIN, MAY, 1894. NO. 11.

Original Contributions.

RAILWAY SURGEON AND THE LAW.

BY [illegible], OF THE NEW YORK BAR, ...
(Of the Legal Department of the Editor Medico-Legal Journal.)

Read before the ... New York, April ... January, 1894. Published from ... Medico-Legal Journal.

... way is the most important factor in its influence ... civilization, that the present century has produced. ... railway was operated as early as 1829 but it was in ... that the packet boat on the canals, which had ... stage coach, gave way to the locomotive. ... Columbian Exposition at Chicago illustrated practically ... and extinction of American railways during ... years. The early locomotives and the improve- ... have side by side ... gradual, but as a whole, a gra... ificent ... creditable to the genius of our p... hout **which, the stupendous and marvelous develo... un- try, would have been impossible, and which ... n- der working changes, is well nigh** inexplicab...

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VOL. IX. AUSTIN, MAY, 1894. NO. 11.

Original Contributions.

For Texas Medical Journal.

THE RAILWAY SURGEON AND THE LAW.

BY CLARK BELL, ESQ., OF THE NEW YORK BAR,
(President Medico-Legal Society, Editor Medico-Legal Journal.)

Read before the Medico-Legal Society of New York, April, 1894. Read before the Erie Railway Surgeons January, 1894. Published from advanced sheets of the Medico-Legal Journal.

THE railway is the most important factor in its influence upon civilization, that the present century has produced.

The first railway was operated as early as 1829, but it was in 1832, and later, that the packet boat on the canals, which had superseded the stage coach, gave way to the locomotive.

The recent Columbian Exposition at Chicago illustrated practically the growth and evolution of American railways during the past sixty years. The early locomotives and the improvements stood there side by side.

It has been a gradual, but as a whole, a grand, a magnificent evolution, creditable to the genius of our people, and without which, the stupendous and marvelous development of our country, would have been impossible, and which even with its wonder working changes, is well nigh inexplicable.

Our century has been well called the age of steam and electricity. Railways and the electric telegraph have been the hand-maidens of the genius of civilization which have transformed the wilderness of this portion of the American continent into a lovely

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land of beautiful homes, of a great people; which excites alike the wonder, the admiration, and the envy of mankind.

With these enormous advantages, which the construction and operation of railways have bestowed, almost as a legacy, upon the race, have also come enormous responsibilities, great antagonisms and the creation of new laws, rules and conditions, which recognizing the magnitude of the blessings conferred, have grappled with the problems of the relation of the railway to the general public, and its responsibility as a common carrier, under those elementary principles of law that had been created for the era, and methods in use before the transformations due to electricity and steam.

Necessity and practical trial, has been the stern, the inexorable and the costly teacher, to the managers and promoters of railways, and the lessons taught in such a school furnish that knowledge gained by experience, which all will agree is the most valuable of all human knowledge, and usually the most costly. The railway surgeon, like the railway lawyer, became a necessity of the situation.

It took a longer time and a broader comprehension of the true field of proper administration and economic management, to illustrate to railway officials the absolute necessity of a competent and thorough surgical service, than it did of the necessity of legal counsel. The one had to be engaged from the organization, and during the preliminary steps of construction, while the other came after the railway was completed, and when the inevitable and sometimes fortunately, long deferred accident occurred.

Surgery itself which had been stagnant and torpid during more than the first half of the struggle, began to show signs of awakening, and during the last twenty five years, has developed a growth as marvelous, in many respects, as that of which we have spoken, and which has excited the interest, the admiration and the wonder of the age.

Whatever may be said of medicine, and its practice as a science, surgery is now recognized everywhere as an exact science, and its evolution and progress in the past twenty years of the present century has been greater and more conspicuous than during all the intervening years of the Christian era.

It has not been, and never can be, a question of schools, as in medicine.

Surgery rests on firm, secure, solid and sound foundations. Electricity is at this moment the splendid trained obedient ser-

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vant of surgery, and some of its grandest and proudest recent achievements are due to this wonderful and mysterious agent.

The managers of railways, as a class, are of the ablest, most comprehensive, and most skillful men in our land.

They who have thought most and best upon this subject have utilized the surgeon as one of the most valuable helpers to the railway in its relations to the community which is the patron of the railways.

The great railways now nearly all have each its chief surgeon, and its local surgeons; those who do not, are behind the age, and not in touch with the progress of events, or the needs of the hour.

THE RELATION OF THE SURGEON TO THE LAW.

I cannot, in the space of a short paper, speak in detail upon so important a question, and shall only give outlines or suggestions at this time.

It goes without saying that the surgeon should be profoundly versed in the especial knowledge of his own profession. He should not hesitate for a moment, to place himself *en rapport*, and abreast of the advance of surgical scientific thought, knowledge, and discovery.

The ablest surgeon would find great advantage by short courses of study at the great centres where practical and experimental work, illustrating the latest and most advanced discussions, can be seen and studied.

His education should embrace also a knowledge of the science of forensic medicine, to enable him to understand the questions of responsibility in their elementary bearings, in what are commonly know as railway damage cases.

I do not mean that a railway surgeon should aim to become a railway lawyer, but I do insist that he should not consent to be ignorant of the elementary principles of law involved; nor should he be ignorant of the well settled and well established principles and decisions which should govern such cases in the courts.

As his professional duties call him to the stand as a medical expert witness, he is bound by every consideration to qualify himself for the proper discharge of that duty.

It is not enough that he understand his own profession alone; it is part of his duty, whether for the company, or for the injured, to know how to give his evidence, what his rights are on the stand as a witness, what is proper for him in his position to

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state, and properly to state it, and what he should not state. Many a physician who has neglected this field of study, has lost his reputation, and destroyed his prospects—sometimes in an hour,—by inexcusable blunders on the stand as a witness.

It would require an essay to define this in detail. A knowledge of the law of the powers and duties of expert witnesses, and of expert and opinion evidence, is almost as necessary for the expert witness when a railway surgeon, as for the counsel who tries the case, and a railway surgeon, who recognizes this and provides for it, is wise, and if he neglects, he is not wise.

RAILWAY COMPANIES AND THEIR INTEREST IN GOOD SURGEONS.

No class of litigants are exposed to such dangers in damage cases as railway corporations.

Without knowing why, all counsel recognize the fact that the sympathies of jurors are not only against the corporations, but this sympathy often seems to have higher claims and stronger help upon the average juryman, than conscience or the sense of abstract justice.

A different code of moral ethics seems to exist between corporations and poor claimants than between man and man, in the estimation of juries.

It is not an overestimate to place the losses of railways, in damage cases, by miscarriage of justice, at millions of dollars. With some considerable thought and reflection upon this subject, I am of the opinion that, in many of these cases, a competent railway surgeon could have saved his company large sums of these losses.

Take the case, for example, cited by that eminent Nestor of American Surgeons, Prof. Lewis A. Sayre, in his paper read before the Erie Railway Surgeons in January last.

Dr. C. W. Hackett, in 1877, met with a railway accident on the Sangus branch of the Eastern railroad, between Boston and Maplewood, at Everett Junction, that produced apparently incurable paralysis. He brought suit and recovered an enormous verdict, some $39,000 or $40,000. Prof. Sayre, in 1879, was called in, treated and suspended him; took the pressure off the injured parts, and cured him by his methods of suspension, with plaster of paris jackets.

Had Dr. Sayre been the surgeon of the corporation, or any surgeon who understood his business, the patient would have been saved two years of suffering, and the company, probably, $30,000 in cash, aside from the cost and expenses of the trial.

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Intelligent railway management to-day, as a matter of business, duty, and fair dealing, always desire to adjust railway injuries without trials or law suits, for they realize their danger before juries.

The intelligent railway surgeon is as necessary to shield the corporation from an exorbitant, improper or fictitious claim, as he is to aid the injured, in case of a substantial injury, to recover a proper and adequate redress.

The pressure upon my time has been such that I only can submit a few thoughts for yonr consideration, which must needs be brief and, perhaps, unsatisfactory, but the growing importance of railway surgery, its recognition by surgeons throughout the country, by railway managers, and the interest it has excited in the recent past, emboldens me to call attention to the movement in the Medico-Legal Society, to organize a section upon the medical jurisprudence of surgery, that has beeu called that of railway surgery, which embraces all surgical questions where medico-legal issues arise. Eminent surgeons of the National Association of Railway Surgeons have taken a deep interest in its organization, and have joined that society and united with that section.

The questions here discussed, and, indeed, all the broad fields of railway and medical-legal surgery will be within the scope of its domain of investigation, and it should be the means of enlarging the horizon lines of surgical thought to all students of the medical jurisprudence of surgery, whether of the medical or legal professions, and can not fail to be of interest to railway managers and railway men generally, who are eligible to its membership, whether they are lawyers or surgeons.

An initiation fee of $5 and annual dues of $2, outside the State of New York, entitle each member to the *Medico-Legal Journal* free of charge; and the section already formed is under the management of a chairman and ten vice-chairmen, selected from each profession, from among the most prominent surgeons in the National Association of Railway Surgeons, of which the Surgeon General of the United States has consented to be one, and upon the legal side from the most distinguished railway lawyers and surgeons throughout the United States, who are connected with that body.

The following are the officers of the Section on Railway Surgery of the Medico-Legal Society for 1894:

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For Texas Medical Journal.

LEPROSY.

BY ISADORE DYER, M. D., NEW ORLEANS, LA.,
Professor of Dermatology in the New Orleans Polyclinic; Lecturer and Clinical Instructor in Skin Diseases, Medical Department Tulane University, etc.

LEPROSY is an endemic, malignant, constitutional disease, characterized by alterations of the cutaneous, nerve and bone structures, resulting in anæsthesia, ulceration, necrosis, general atrophy, and deformity. Leprosy is a well defined affection, due to the development in the economy of a special bacillus, called the bacillus lepræ, or the bacillus of Hansen. This

Lecture delivered to the medical class, 1894.

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bacillus is rod-shaped, with conical ends, or rounded, resembling the bacillus of tuberculosis, but shorter, pointed, and more of a cylinder than the latter. The bacillus of Hansen is very tenacious of life, and resists to a remarkable degree the action of time and atmospheric agents. In its development in the tissues, the micro-organism causes the formation of neoplasms, or new growths. These neoplasms formed in the skin or the mucous membranes, give rise to the tubercular type, while, attacking the nerves especially, they develop the anæsthetic, or the typho-neurotic variety of leprosy. When these two forms are intercurrent, the type then present is called the "mixed," or "complete" variety. Often the one, especially the tubercular type, disappears, giving place to the other as a sequel. Another form of leprosy is sometimes described, the macular. This seems to be only a stage in the development of either of those already mentioned.

Leprosy is ushered in by certain prodromic manifestations, to which has been given the name, period of invasion. This stage of the disease is marked by fevers, irregular in period and in type. Malaise, anorexia, dyspepsia, epistaxis, dryness of the nasal passages and of the respiratory tract, vertigo, headaches, exaggeration of the functions of the fat glands, are some of the notable symptoms. There may be pruritus or hyperæsthesia of the skin, and neuralgic pains in all locations. There is often a premonitory eruption, of the bullous type, resembling pemphigus. It differs, however, in this, the eruption seems to affect the extremities chiefly, comes in rapidly successive crops of vesicles, or bullæ, which, breaking, often heal as ulcers. As introductory, now the macular eruption appears. At various parts of the body, spots appear, red at first, then brownish; the borders become white, and occasionally thickened. These fade, often shortly after their appearance; at times, some are fading while others are developing. After a lapse of time, months, or years even, the symptoms of confirmed leprosy appear. These may be characteristic at the start. At once leprosy may appear in small tubercules. Oftenest, however, the first eruption to appear consists of spots, or patches, varying in size, but averaging the size of the palm. These are hyperæmic or erythematous, a pale red or wine color, at times violaceous, livid or brown, yellow, or even plainly pigmented, or almost black.

These spots sometimes disappear completely, even quite rapidly, and without leaving any traces. The center is sometimes

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darker than the margin, sometimes depressed and free from color, the patch being formed by the ring of its periphery. It is frequent, at this stage, to see nodosities scattered over the skin, resembling the nodular erythema, accompanied likewise by rise of temperature, and being transitory and leaving abruptly at times. All such symptoms may be absent, and the lepra tubercle be evident from the beginning. This is a sort of rounded, hemispherical nodosity, varying in size from a pin's head to a hazel nut, hard and elastic to the touch, pale red or brown in color, at times copper colored, smooth and telangiectic. These tumors are isolated and form distinct, discrete nodosities, or they may be confluent, forming irregular shaped, rounded, oblong masses. They may develop on the patches referred to above. In that case, the patches become thickened at certain points, and here the nodosities are formed.

Most frequently the tubercules occur in the corium, then, secondarily, they invade the adjacent tissues. They may be entirely underneath the skin, but though not seen, they can be readily felt. The most frequent locations of this, the tubercular, type of leprosy, are the face, the hands, the forearms, and the lower limbs. Attacking the face, the forehead, eyelids, nose, lips, chin and cheeks suffer most. The nose is flattened, enlarged and infiltrated. The cheeks are bunched. The ears, lobules particularly, are thickened, pedunculated, and leathery; tubercles as large as hazel nuts often develop here. The scalp is rarely affected. Once developed, the tubercles do not remain stationary. They may continue to grow, become confluent, form enormous bunches; they may exfoliate, or become complicated with œdema. Spontaneous retrogression sometimes occurs. The lesions soften, grow pale, sink into the skin, shrivel up, and finally disappear, leaving behind a spot with a yellow-white center and a pigmented periphery. They may become inflamed, suppurate, open on the surface, and slough in part or entire. They may simply ulcerate, without destruction of tissue, remain small, superficial ulcers, covered with greenish or brown crusts, destroying, by degrees, the adjacent tissues underneath, the tendons, ligaments, and the bones.

Tubercles developing on the mucous membranes tend to ulcerate and produce destruction or functional disturbances of the parts involved. From the beginning, there are disturbances of the various senses. In certain cases, the tubercular eruption develops very rapidly, and may reach a fatal termination in a few

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months; more often, however, it takes years to complete its course. There are periods of latency and activity, but death comes finally, from exhaustion, from marasmus, or is hastened by some intercurrent malady, of which tuberculosis, syphilis and nephritis, are the most frequent.

The anæsthetic, or the tropho-neurotic form of leprosy, or, as Leloir calls it, the systematic nervous leprosy, presents the same period of invasion as the tubercular form. The bullous eruption usually appears in single lesions, which are incessantly reformed, leaving behind a scar, or at least a pigmentation. Here, too, the bullæ may come on the ends of the fingers or toes, and leave very obstinate sores. Usually this form comes as a skin eruption, erythematous or hyperæmic at first, then colored or not. It may be pigmented at the start, with subsequent atrophy of the pigment in whole or in part. The spots of most importance, and usually looked upon as characteristic of the macular stage of anæsthetic leprosy, are patches, smooth and shining, with well defined periphery, free from color, atrophied in the center, resembling somewhat the lesions of morphœa and vitiligo. The edges are colored red, brown, or brownish yellow, and may or may not be prominent or elevated. These patches are often serpiginous, but in such cases the result of confluence. These patches are the seat of frequent disturbances of sensation. The discolored parts are always anæsthetic, and those most colored are the most anæsthetic. In exceptional cases, the reverse is the case; namely, instead of anæsthesia, these patches are markedly hyperæsthetic. The anæsthesia of this form of leprosy may occur at points free from patches or spots, or apparently free from a lesion. In such event, the seat of the anæsthesia is on the forgotten site of an injury, bruise, or burn.

Gradually the nervous system is involved. Leloir speaks of two divisions of the leprous nerve effect (Traite de la lepre, 1886): 1. The period of invasion. This corresponds to the period of the cutaneous manifestations, when hyperæsthesia is common, when paroxysms of neuralgic pains occur, rheumatic, or arthritic pains, and it is possible to observe marked thickening of certain nerves.

2. A period of nerve degeneration, marked clinically by anæsthesia, paralyses, atrophies, and trophic disturbances. With the anæsthesia, there appears a muscle atrophy, which attacks, first of all, the muscles of the hand (causing contraction), the extensor and flexor muscles of the forearm, and the characteristic

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"*griffe*," or "claw hand," follows. There is loss of power, sense of touch, etc., in these parts. The muscles of the foot and leg are likewise similarly affected. At times, the muscles of the face and the trunk are affected. Then comes the atrophy of the skin, the shortening of the muscles, shrinking of the skin, and a general senile aspect. There are a variety of tropic disturbances, shedding of the nails, falling of the hair, loss of the teeth, ulceration of the nasal passages, and ulceration of the gums. There may be perforating ulcers of the feet and hands,—ulcers, painless, anæsthetic, beginning over the joints, gradually deepening, and ending by extending to the articulation, causing the phalanges of the fingers or the toes to fall. Dry gangrene necrosis, with abscesses, occur, absorption of bone, and a final deformity of the patient results. Now the tropho-neurotic leprosy has reached its last stage. Marasmus begins, with general listlessness, and the patient dies from pure exhaustion, or death is hastened by an almost necessary septicæmia. Often a complication with pneumonia, pleurisy, albuminuria, or a persistent diarrhœa, carries the patient off.

The mixed, or complete form of leprosy, is the really typical form. Here there is a combination of the tubercular and the anæsthetic varieties. It may begin as the mixed, or, starting as tubercular leprosy, it may assume the anæsthetic form, the two being intercurrent. It then, of course, assumes the symptoms of both varieties, and the history and the end is the same.

These three forms may so vary as to deceive, and a part only of the symptoms be present. In this, leprosy does not differ from other diseases, but if the mental photograph of a type is always ready, the disease is not hard to diagnose, even in its exceptions.

The bacillus of leprosy is contained often in the lymphatic cells and tissues, but is most frequently found in the leprous tissues themselves. Leprous tissue is granulation tissue, made up of spheroidal cells, massed so as to infiltrate the corium, and breaking up the connective tissue fibres. These cells are grouped around the vessels, these hypertrophy become varicose, and are themselves much thickened. Ultimately the whole or part of this leprous tissue is re-absorbed or eliminated, and the site is marked by a cicatrix.

From syphilis, leprosy is diagnosed by the color of the lesions, their course of development, the anæsthesia, the deformity, and finally the microscopic finding of the Hansen bacillus.

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It is diagnosed from morphœa and circumscribed scleroderma, by the location, general distribution of the lesions, and the ulceration. Further the lesions of leprosy are usually anæsthetic, while those of these affections are exceptionally so.

Finally leprosy can be isolated from other affections if you are mindful of these points.

1. Habitat. 2. History of contact. 3. Anæsthesia. 4. Trophic disturbances. 5. Eruptions of bullæ in successive crops, or single one recurring. 6. Perforating ulcers. 7. Muscle atrophy. 8. The claw hand. 9. Clubbed fingers. 10. Discolored and blunted nails. 11. Characteristic anæsthesia of the little finger an early sign. 12. The leonine face. 13. The leathery ears. 14. Ectropion. 15. Deformity, and loss of phalanges of fingers and toes.

The cause of leprosy is the bacillus lepræ or the bacillus of Hansen, sometimes called the bacillus of Niessler. The disease is contagious, and by inoculation. The bacillus is brought in contact with a broken surface, accepted by the circulation, and is in time spread generally over the body. The disease may be congenital, but has not yet been proven hereditary.

There are numerous contributing causes, chief among which are poverty and bad hygienic conditions. Improper diet and exposure are also factors. It is probable that the disease is more common along the sea board than in the interior counties, but climatic conditions are only of secondary importance.

Many authors look upon fish diet as productive of the disease, but the disease has been found prevalent in sections where fish diet was not possible.

Leprosy may get well spontaneously. The disease, however, is generally considered incurable. The treatment of leprosy is tonic. A change of climate is advisable, and the plainest possible diet. Regular tonic baths, cold douches, showers, and alkaline. Numerous remedies have been suggested, but most of them are only palliative, excepting in a very few cases. Of the remedies used, Chaulmoogra oil is the most popular. It is given internally, beginning with five drops three times a day after eating, and gradually increasing. It is best given in capsule or in cold tea or in milk.

Hoang Nan is a remedy much used in South America. It is given in pill form in doses of three grains three times a day after meals. Arsenious acid, sulphate of strychnine in tonic doses, and long continued, are given. Salicylate of soda, quinine,

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salol, iodide and bromide of potassium are also given. Unna, of Hamburg, has succeeded in two cases with the use of ichthyol, internally and externally. Internally he gave the drug in increasing doses to a point of tolerance, beginning with five drops three times a day. Externally it was used in ointments and plasters, alone and combined with resorcin, with pyrogallic acid, etc.

The external treatment of leprosy should be based on two essential principles. First the removal of the lesions with caustics or cautery, and second, promotion of the absorption of the lesions with suitable appplications. For the tubercles, in their early stage, iodine, nitrate of silver, blisters, mercurial ointments, electro-cautery, etc., may be used.

Balsam of Peru ointment, iodide of lead ointment, salicylic acid ointment, gurgun oil, etc., may be rubbed into the lesions.

When there is ulceration, ordinary antiseptic methods should be applied. Iodoform, salol, boric acid, aristol, etc., may be dusted on, after thorough cleansing with antiseptic solutions.

Where the lesions of anæsthetic leprosy are conveniently confined to one member, it is advisable to stretch the principal nerve or even to make an exsection of the nerve.

The prognosis of leprosy is always bad. The disease may be arrested, temporarily relieved, but cures are rare. The disappearance of all evidences of the disease may be followed years later by a new manifestation and with manifold energy.

The tubercular is more rapidly fatal than the other form. According to Hillis (Ziemssen), 38 per cent. die of leprosy and its direct consequences. The rest of the fatal cases die of nephritis, pneumonia, diarrhœa, anemia, fevers, peritonitis,—in the order named.

In the prophylaxis of leprosy the patient should be made to take regular baths, and to use individual utensils, towels, etc. Excesses of all kinds should be avoided. An occupation should be followed which would not endanger family or friends.

For the protection of the public, lepers should be isolated, should be prohibited from marrying, even among themselves.

The disease is insidious, and the consensus of the best medical opinion favors absolute quarantine, with complete isolation, as the only means of entirely suppressing the disease.

A word as to the history: At the time of Christ, leprosy was still prevalent in the East. It existed, probably confined, in the early history of the world, to Egypt and the Orient. In the

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first century, invading Greece, it spread over Southern Europe. In the 11th and 12th centuries, during the Crusades, it spread all over Europe, reaching then the acme of its force, finally materially disappearing from the 15th to the 17th century. During this time, it was estimated that there were 19,000 lepers in Europe, 2000 of them in France alone. At the present time, the disease is endemic in Northern and Eastern Africa, Madagascar, Arabia, Persia, India, China, Japan, Liberia, and the islands of the Pacific and Indian oceans. In Europe, leprosy is still active in Norway, Southern Russia, points along the Mediterranean, and in Brittany, in France. In North America, it is found in Canada and in the United States. It is endemic in Louisiana, where it was introduced in 1758, by the Acadians. Various attemps have been made at colonization here, but with hardly enough spirit to assure success. This has been successfully accomplished in Minnesota, where leprosy occurs among the Norwegian settlers. In 1859, leprosy was introduced into the Sandwich Islands, by two Chinese immigrants. In 1885, there were 4500 cases in the Sandwich Islands. Leprosy has existed in Mexico since Cortez's time.

There seems in this country a certain apathy in the matter of the care of our lepers. With such an example as the Sandwich Islands afford, and in a climate far superior to our own, it seems a foolhardy indifference which exposes all to the common risk. Suitable legislation should be demanded and its enforcement compelled.

For Texas Medical Journal.

LAW vs. JUSTICE IN THE PRACTICE OF MEDICINE AND SURGERY IN TEXAS.

BY JAMES KENNEDY, PH. G., M. D.,
Professor of Pharmacy and Dean of the Faculty of the School of Pharmacy of the University of Texas.

HAVING just emerged from the labyrinths of law as applied to the collection of fees for professional services, and obtained a verdict more remarkable than profitable, I have deemed it of sufficient importance and interest to the medical profession of the State of Texas, to bring this subject before you at this time. As nearly everything in law is governed by precedent, you will readily understand how great will be the influence of

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the judgment only recently rendered in cases of this kind that may come up for adjudication in the future.

I herewith present the facts in the case and its course through the tribunals of law:

In June, 1891, a gentleman undertook the construction of a building without the aid of either architect or contractor. When the construction had progressed to a little beyond the first story, the walls collapsed with the result of killing one man outright and seriously injuring several others. Among those who came under my care was a man who had sustained a comminuted fracture of the femur. In addition to this injury he received many severe contusions on different portions of his body. The one over the sacrum resulted in the formation of an abscess which contributed much to the tediousness of the case. The treatment involved a resection of the thigh and later operation for necrosis of the shaft. The resection was reported in the *New York Medical Record* in detail, so I will not burden you with a repetition of the troublesome features of the case. The patient was under my care for seven months, and required attention daily during this period.

When the patient was placed under my care I was instructed to spare neither pains nor expense, but implored to save his life, and was assured that I would be liberally compensated for my services and that no limit would be placed upon my charges, etc., etc. (This statement probably sounds familiar to many.)

When the patient was discharged the bill was sent to the owner of the building, who, realizing his culpability, had agreed to pay all expenses attached to the treatment of the unfortunates who were injured, but, instead of keeping his promise, very coolly referred me to his lawyer, which functionary, instead of settling the account, with greater coolness than his client offered $200 in payment of my services. This I very promptly declined to accept, for the reason that I considered my services in the case to be worth, at a reasonably low estimate, at least $1200.

The bill was turned over to my attorney, with instructions to sue if necessary. Suit was promptly brought and after some months the case came up for hearing. A postponement was secured on the grounds that certain important witnesses were absent by whom defendant expected to prove that the charges were exorbitant.

The next time that the case was called the defense set up the plea, that, inasmuch as the plaintiff was not registered according

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to law, he had no standing as a physician in the eyes of the law, and, therefore, was not entitled under the law to collect for his services.

This suit was brought in the District Court, and the judge agreeing with the attorney, or the defendant, rendered a verdict in accordance with this interpretation of the law.

I was not allowed to introduce evidence to prove that I was a graduate of a reputable medical college, and that I had used every reasonable endeavor to register; that I had only failed to comply with the law because the officers of the law whose duty it was to do so, had failed to provide the means.

The present medical law provides for the establishment of a Board of Medical Examiners for each judicial district. In the opinion of my attorney who carried my case up to the higher court (Court of Civil Appeals) the law is unconstitutional, for the reason that it is in conflict with the Constitution of the State.

I copy the following from the brief submitted to the court by my attorney:

"Art. 3626 of title 73, Revised Statutes, is as follows: 'Said Board of Examiners shall be composed of not less than three practicing physicians of known ability and who are graduates of some medical college, recognized by the American Medical Association, and who are residents of the district for which they have been appointed.'

"We contend that this article is unconstitutional because it is in conflict with a provision of the Constitution of the State which prohibits the Legislature from giving preference to any particular sect or school of medicine, for the reason that the only persons authorized to be appointed upon the Board of Medical Examiners are those who ase graduates of some medical school recognized by the American Medical Association, and that this Association was organized and controlled by allopathic physicians, and recognize no graduate or college but allopathic, and these are recognized to the exclusion of *all* other schools, i. e. eclectic, heomopathic, etc."

From this is seen that the Constitution of the State distinctly prohibits discriminative legislation as regards the practice of medicine, and yet the Legislature, which created the present law, violated a constitutional provision. It is difficult to understand how the two may be harmonized.

The Court of Civil Appeals sustained the decision of the lower court, and I am informed that the court in rendering its decision

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stated with much emphasis that the mere fact of there being no board in the district where I lived was no excuse for not having complied with the law. That I should have applied to some other board, that is to say, that I should have gone to some other district (no matter how remote) and applied for registration.

It is my opinion that at the time the suit was instituted there were no medical boards in the entire State that had organized in accordance with the present law, therefore, according to the rulings of the courts a physician is expected to do an impossible thing, and no allowance is made for the fact that the trouble has been occasioned by the derelictness of the officers of the law. It is clear, however, that in the opinion of the courts of this State, a physician who has not registered in accordance with this law, cannot recover for his services by civil suit, no matter what his professional qualifications may be. *This may be law, but it is certainly not justice.*

Quoting again from the brief: "The courts of New York State in the case of French vs. Gridley, 29 Wendell, 469, and in the case of Bronson vs. Huffman, 7 Hun. 674, have held that a physician could recover for his services although he may not have been licensed to practice as provided by the New York law, which decision seems to us to be consonant with justice and common honesty, and we believe that this view of the law ought to prevail in this State. That the appellant in this case rendered the services set out in this petition to the defendant, and that the services were reasonably worth the amount charged therefor, is admitted, which, being the case, it seems to us that justice and equity demand that he ought to have the right to recover such sum from the defendant."

But, as has been already stated, the honorable court thought otherwise. This case has forcibly recalled to the mind of the writer the story of Bleak House, by Charles Dickens, wherein he describes the suit in Chancery of Jarndyce and Jarndyce, with the lawyers mistily engaged in one of the ten thousand stages of an endless cause, tripping each other up on slippery precedents; groping knee-deep in technicalities and making a pretense of equity with serious faces as players might, and compares the row of solicitors to a long matted well, to the bottom of which you might look in vain for the truth, having before them bills, cross bills, answers, rejoinders, injunctions, affidavits, issues, refer-

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ences to masters, masters' reports, mountains of costly nonsense piled before them.

The design of the law is to protect the rights of citizens and to mete out justice, but the distortions accomplished by clever lawyers in the dexterous wielding of technicalities turns this powerful engine of good to a base purpose, and places a premium upon dishonesty and crime. The teaching of law in schools is apt to inculcate an ambition along this line, as is evidenced by the following statement which emanated from a distinguished professor of law: "Gentlemen, the question which you will be called upon to decide in the practice of your profession, is not whether it is *right*, not whether is it *just*, but *is it law?*

The physician who would refuse to treat a patient unless he received his fee in advance, would be ostracised by the community and considered inhuman, and yet after the service has been rendered the patient may refuse to pay, and through the slippery mazes of the law find an honorable (?) discharge of his obligation. without compensating the physician.

If our legislators would be more careful in their consideration of the laws which they formulate, many of the technicalities would be eliminated, and it would then be possible to obtain *justice* through the processes of *law*. The present medical law is very contradictory in its various clauses. For instance, if a physician has a diploma from a reputable medical college and has presented it for record with the district clerk, he may practice medicine without molestation from the myrmidons of the law and is not criminally liable. Whilst another clause states that if a physician engages in the practice of medicine without having a certificate from an Examining Board, he shall be deemed guilty of a misdemeanor and be subject to the penalty imposed by law.

The present status of the law seems to be, that a physician who has a diploma from a reputable medical college and has presented the same for record, may practice medicine without violating the criminal code, but unless he has obtained a certificate from an Examining Board, he cannot recover for his services by civil suit.

The decision rendered in this case ought to impress upon the profession of this State the defective character of the laws regulating the practice of medicine, and stimulate us to the securing of more just and wholesome regulations which will give to us the same privileges and protection as is accorded other classes of citizens.

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Current Medical Literature.

DEPARTMENT OF THERAPEUTICS.

EDITED BY DAVID CERNA, M. D., PH. D.,
Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc.

THE EXTERNAL USES OF GUAIACOL.

In the *Province Médicale* for February 3rd there is an article on this subject of which the following is the substance: This procedure, which was used by Sciolla and Bard, has for some time been employed as an antithermic. It consists in painting the greater part of the exterior wall of the thorax, and sometimes the forearms, with pure guaiacol. According to different authors the doses are variable, ranging from one to two cubic centimeters up to seven or eight. There is a difference of opinion as to the employment of this liquid. Sociolla, Bard, and other physicians, use pure guaiacol, while others, like Desplats, mix it with glycerine or alcohol. In several cases of advanced phthisis, a marked reduction of 2° has been obtained by painting the entire surface of the front of the thorax with pure guaiacol. Unfortunately the effects of this treatment are only temporary, not lasting more than three or four days. Sometimes, also, applications of this kind produce a marked rise in temperature—in one case of 2°. It is necessary, then, in making use of this procedure to ascertain the susceptibility of the patient, and to use at first small and then progressively large doses. There have been of late years interesting attempts made in the employment of this procedure. Casasovici and Miron Sigalea have used guaiacol mixed with tincture of iodine, in the treatment of pleurisy, in the following proportion: Tincture of iodine, three hundred and eighty-five grains; guaiacol, seventy-five grains. This quantity is used in a single application, and the diseased parts are thoroughly and extensively painted with it every night. These applications cause a considerable reduction of temperature, profuse perspiration, and increase the flow of urine, followed soon after by complete resorption. These results seem to have been obtained, particularly in one case, where there was abundant pleuritic effusion on the left side, in which tapping had not been followed by any relief, but had caused considerable rise of temperature, by

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the application of iodized guaiacol, the fever disappearing in a few days, and the effusion becoming resorbed. M. Desplats has recently conceived the idea of applying guaiacol in the treatment of painful rheumatic inflammation of the joints, after having observed a case in which applications of guaiacol had been used with excellent results. He has used a mixture of equal parts of guaiacol and pure glycerine. The joints were thoroughly painted with this mixture and afterwards covered with a dry dressing. In one case of acute rheumatism, and in three others of arthritis deformans, with sharp pains, the results were excellent. The pain was completely subdued, and in the first case the patient recovered rapidly. This procedure has recently been employed in applying guaiacol for articular neuralgia of the shoulder, which was very painful, in a tuberculous patient, who experienced marked relief. It is easily employed and not dangerous, if the indications mentioned are conformed to.—*N. Y. Medical Journal, March 3rd, 1894.*

Society Notes.

TEXAS STATE MEDICAL ASSOCIATION—TWENTY-SIXTH ANNUAL MEETING.

Synopsis of Proceedings.

Pursuant to call, the Texas State Medical Association held its 26th annual meeting in the Senate Chamber, at the Capital City, April 24, 25, 26 and 27, ult. The attendance was smaller than for years,—attributable to "financial stringency,"—about one hundred members and delegates being present the first day; increased next day to perhaps one hundred and fifty. As usual, there were about fifty old stand-bys, who attend all meetings; but it was noticeable that there was a large attendance of doctors

NOTE.—The JOURNAL was promised a copy of the minutes of the meeting, and the forms were held back till the 8th instant, waiting in vain for copy. Could delay no longer, and had to prepare the above report from imperfect and disconnected notes of our own, and from the worse than imperfect reports in the Statesman. We have omitted much of interest, from force of circumstances; and if any gentleman's paper has not been mentioned, we hope it will be understood that it was unintentional.—ED.

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whose faces were not familiar—new doctors and young doctors. The Association made some valuable acquisitions to its membership.

For the first time within the memory of this scribe, the Convention was opened without prayer and asking Divine aid. Rev. G. W. Briggs, the popular and eloquent Methodist minister of Austin, had been invited to open the session, and the committee relied so fully upon him that an alternate or substitute was not provided, and he disappointed us.

Chairman of Arrangement Committee Denton called the meeting to order, and introduced Hon. John McDonald, the ugly but popular Mayor of Austjn, who tendered visitors an invitation to take all they could get, and make themselves at home. After him came Judge Henderson, who welcomed the doctors in a speech which seemed to strike the hearers about right; then the Convention proceeded to business.

SECRETARY'S ANNUAL REPORT.

The annual report of the Secretary shows the following result:

Members on the roll at last report	416
Honorary members on the roll at last report	21
Total	437
On the roll May 1, 1893:	
Members	406
Members added (name dropped by mistake)	2
Members, honorary	23
Total	431
New members elected at Galveston	37
Honorary	2
Total	470
Dropped for non payment of dues:	
Resigned, Dr. J. V. Spring, of San Antonio	1
Resigned, Dr. J. L. Cunningham, of Ft. Worth	1
Resigned, Dr. J. M. Litten, of Austin	1
Total	3

Lost members by death, Dr. C. F. Paine, of Comanche, who died September 13, 1893.

These ex-members have died: Dr. M. H. Oliver, of Ennis, died September 5, 1893; Dr. Jno. L. Wagley, Cleburne, December 13, 1893; Dr. H. W. Waters, of Independence, January 4, 1893. The Secretary adds that there may be omissions in this

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list, as he is dependent for data upon the files of the medical journals, as no one interested ever takes the trouble to furnish him with direct information.

The Transactions for 1893 are as follows: Soon after adjournment last year, bids for printing the Transactions were submitted from the following firms: Robt. Clarke & Co., Clarke & Courts, Strickland Printing Co., and Knoff Bros. The latter being the lowest bidders, and they having demonstrated their ability to do the work satisfactorily the previous year, the contract was awarded to them upon a basis of $1.49 per page.

Details for the publisher's bill are as follows:

Printing 500 copies, 448 pages at $1.49 per page	$667 52
Five engravings	42 55
Extra paper, printing and insertion of cuts	31 60
Ten extra copies	17 90
Tabular work and extra composition	24 45
Total	$784 02
Postage	77 01
Wrapping, addressing and delivering	20 00
Total	$881 03
Cost per volume, about	$ 1 54
Cost per volume, delivered	1 80
Number of volumes delivered to members	431
Number of volumes sold	6
Number of volumes sent to public libraries	—
Medical journals and others	55
Number of volumes on hand	19

The increased cost of the Transactions of '93 over that of '92 was simply due to the fact that it was a very much larger book, viz.: 138 pages more. At the outset of publication it became a question whether the Treasurer would have the necessary funds to pay the bill, and it was thought that he would have to levy a small assessment; fortunately, we did not have to do this, but last year's experience forces upon us the question of economy. I would suggest, as one means to this end, that authors in the future be required to pay for their own illustrations. If the volume this year should equal or exceed in cost those of last year, we may have to consider the question of leaving off the cloth binding, by which means about seven per cent. of the total cost might be saved. The questions are presented for your consideration now, as action may be demanded upon them very soon. While it is incumbent for us to maintain a high standard of excellence both in the appearance and quality of our annual volume of transactions, at the same time it is absolutely necessary to keep expenses within the bounds of our receipts.

Excuse me for once more harping upon an old theme, viz., the care requisite in the selection of officers; more especially chair-

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men of sections. In my opinion, it would be a wise innovation to have the latter elected upon the recommendation of an executive committee, instead of trusting to the hap-hazard action likely to result from the present method.

The programme for this meeting shows a commendable effort upon the part of some chairmen to secure papers, while others have given no evidence of the slightest interest in the matter, not even replying to my letters upon the subject.

Respectfully submitted,

H. A. WEST, M. D., Secretary.

The Secretary's report was referred to a committee: Drs. M. M. Smith, P. C. Coleman and A. M. Alexander. They, later, reported it correct and advised its adoption.

TREASURER'S REPORT.

The report of the Treasurer, Dr. J. Larendon, shows the following statement:

Receipts for 1893:

May 1, to cash balance on hand as per last annual report	$	121 01
April 21, 1894, to cash collected from members for dues up to date		1,535 00
Total	$	1,656 01

Disbursements:

May 4, 1893—		
By cash paid H. A. West, for Secretary's salary	$	200 00
By cash paid to Publishing Company		300 00
Py cash paid to J. Larendon, for Treasurer's salary		150 00
By cash paid to Stenographer		50 00
By cash paid by Treasurer for postage		10 00
By cash paid H. A. West, for stationery		5 00
By cash paid by Treasurer for stationery and printing		12 00
July 6,—		
By cash paid H. A. West, for stationery, etc		13 60
August 30,—		
By cash paid Knapp Bros. for printing Transactions		881 03
By cash paid for registered letter		08
April 21, 1894—		
By cash balance on hand		34 40
Total	$	1,656 01

Referred to a committee. Adopted upon the report of committee, who found it correct, of course. [The Treasurer has served about twenty-five years as such and there has never been a "t"

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not crossed nor an "i" not dotted in his accounts in all these years. May he live to serve twenty-five years more.—ED.]

Next came the

PRESIDENT'S ADDRESS AND RECOMMENDATIONS.

To the Members of the State Medical Association:

COMPANIONS:—It affords me great pleasure to meet and greet so many of my old and tried friends from the different sections of this great State. We have been toiling for a quarter of a century, I hope, with no greater disturbances than are usual to frail humanity. I feel now that we are a harmonious brotherhood, and that we shall meet at this meeting in the beautiful capital of our State, have a joyous time in renewing our pledges of fidelity and brotherly love. We have finished our boyish misunderstandings and "scraps," and arrived at years of full maturity to do the work of men in a most harmonious manner. Let us rejoice that we have reached thus far with a faithful few who have weathered the storms and reached the haven of safety of the first quarter. Our faithful secretary, in his last annual report, gives the number of enrolled members at 417; now, if these were all delegates, as they should be, representing five members of a local or district society, we would have here to-day represented about 2000 of the 4000 or 5000 regular medical men of the State. If this were true it would make a brilliant showing for a quarter of a century's work. It leaves a large field still uncultivated in our territory. The question naturally arises, can we do anything to remedy this state of affairs; ought we not at this meeting adopt some measure to induce them to unite with us in the good work we are trying to do? Would it not be well to send them some pressing invitations to organize and send representatives to this association? Can we not in some way induce them to take more interest in the elevation of the profession and the advancement of science? Who will go as missionaries to them?

Dr. R. M. Swearingen, our efficient health officer, in reply to a letter written him, asking him what legislation was necessary to make our present health department a model, replied:

First—A law by which mortuary and vital statistics can be gathered.

Second—Authority given the State Health Officer to appoint an expert in microscopy and chemistry, in ascertaining the causes of diseases and epidemics, when in his judgment such investigations are necessary.

I would recommend that this Association instruct its committee on legislation to make their best effort to procure such enactment; would also recommend that the same committee be instructed to secure a law creating a board of examiners, before whom anyone professing to practice medicine in this State shall go for examination before being admitted to practice. I am not certain that we ought to ask a separate board for the different schools responsible for its own work. I would likewise

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recommend that the same committee do their best to get an act passed requiring that every patent nostrum offered for sale in this State shall have on every package a formula of its contents printed in plain English, so that all can understand what they are swallowing. Dr. R. M. Swearingen, in Fort Worth in 1890, so perfectly and beautifully discussed the subject of State laws regulating the practice of medicine that there is nothing left to be said. He refers the whole matter to the people and let them demand it for their protection, not ours. Hence, we urge the organization of our profession that we may influence the people to make the demand. If it be true that the people rule, let us refer all such matter to them. Let us hope that this session, in this beautiful capital city, may be the best and most profitable ever held, and prove a pivotal one of a new and brighter era for all time to come.

THE JUDICIAL COUNCIL.

Upon the conclusion of President Sears' address, the roll of the Judicial Council was called, and only two members, Drs. Loggins and ———, responded.

The chair then appointed the following substitutes, to act until the regulars arrived:

Doctors R. M. Swearingen, T. J. Bennett, T. D. Wooten, P. C. Coleman, M. D. Knox, E. L. Menafee, R. C. Nettles, J. F. Y. Paine, W. P. Burts and Sam R. Bnrroughs.

Invitations were received from Dr. White, Superintendent of the Insane Asylum, inviting the physicians to visit that institution, and also from Dr. Wooten, President of the Board of Regents, inviting them to visit the University of Texas during their stay in the city.

Dr. Denton announced that the printed program had been changed to the extent that the excursion up the lake on the steamer Ben Hur, would be given to-morrow, Thursday, instead of Friday afternoon, and that the banquet at the Driskill would be given also Thursday evening instead of to-morrow evening, as previously announced. After this the Convention stood adjourned until 2:30.

AFTERNOON SESSION.

Convention met again in the Senate Chamber at 2:30 o'clock with President Sears in the chair.

Dr. J. C. Jones, of Gonzales, the Chairman of the Section on Practice of Medicine, being absent, the chair appointed Dr. J. W. Carhart as Chairman, and Dr. J. S. Price was appointed Sec-

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retary in the place of Dr. I. E. Clark, the regular Secretary, who was also absent.

The first order of business for the afternoon was the reading by Dr. H. A. West, of Galveston, of a paper entitled the

BACTERIOLOGICAL ASPECT OF CROUPOUS PNEUMONIA.

The paper was received, and on motion, was referred to the Publishing Committee.

Dr. Cerna, of Galveston, discussed the paper, endorsing Dr. West's plan to the letter. President Sears also arose for a brief discussion of the paper. He advocated an entirely different plan from the one laid down in Dr. West's paper. Dr. Denton, of Austin, also came to the front in a brief discussion, commending the paper in the main.

Dr. Britton, of Arlington, spoke on Dr. West's paper. The doctor advocated a go between treatment. He said Dr. West was one extreme, and Dr. Sears was the other, and he advocated a consideration of both and a treatment that split the difference.

Dr. Matthews, of Austin, also discussed the paper briefly, advocating the use of alcoholic stimulants in the treatment of croupous pneumonia.

Dr. Q. C. Smith, of Austin, spoke in reference to alcoholic treatment, favoring its use if knowledge of its use goes with it.

Dr. J. W. Carhart, LaGrange, spoke on the paper also, opposing the use of alcoholic stimulants.

Dr. Cerna, of Galveston, again spoke, favoring the paper and answering the adverse arguments offered by the other speakers.

Dr. Alexander discussed the paper briefly, and Dr. West then arose in defense of his paper. He said he had very little to say in addition to the facts laid down in his paper. He had quoted authorities in his paper that knew what they were talking about, and he considered it the height of presumption for gentlemen who knew nothing at all about the matter, to get up and oppose it and say it was wrong just because it did not suit their liking. He added further, that he considered his authorities so sound that it was absolutely unnecessary for him to say more on the subject.

The next paper was that of Dr. James H. Bell, of Philadelphia, who presented a very ably written paper on the subject

THE EMBARRASSMENTS OF MEDICINE.

On motion of Dr. Britton, the paper was referred to the Pub-

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lishing Committee, and a vote of thanks offered offered Dr. Bell for his paper.

The next paper read was by Dr. David Cerna, of Galveston. Choosing as his subject,

THE THERAPEUTIC USES OF SPARTEINE,

he gave a very exhaustive review thereon.

On motion of Dr. Britton, the paper was referred to the Publishing Committee. Dr. Britton also took occasion to compliment Dr. Cerna on his paper.

* * *

Dr. D. R. Wallace, of Waco, was next on the program with a paper touching on the subject

HYDROTHERAPY.

The subject was briefly but exhaustively discussed, and was listened to with marked attention by all present.

On motion, the paper was referred to the Publishing Committee. Dr. Britton arose and asked if the Convention knew him (the reporter must explain to those who read this who were not present that Dr. Britton is the funny man of the profession). Being informed that they did, by this time, he proceeded to say that he endorsed Dr. Wallace's paper as far as it referred to the use of water, but condemned him when he proposed to do away with all other treatments. Dr. Britton added further that it was not right; that he was opposed to it, and what he was opposed to was no good and everybody knew it.

Dr. Cerna questioned the practicability of using water to the exclusion of all else.

Dr. West endorsed Dr. Wallace's paper in a brief talk, favoring the use of water in the treatment of patients.

Dr. Sears also spoke in favor of the water cure in case of fever.

Dr. Hill, of Austin, spoke briefly on the paper, saying that he used the water cure in many cases successfully, but at other times it was far from successful, and he was of the opinion that circumstances should govern their use.

Dr. Q. C. Smith, of Austin, spoke on the subject advocating intelligence and familiarity in the use of the remedy in question before its appliance.

Dr. Menafee spoke in reference to the use of the coal-tar cures, also saying they should not be condemned without a full knowledge of their powers, for when a full knowledge is gained it be-

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comes evident that they are of some use in certain cases. He was of the opinion, however, that the water cure was at times ineffective.

Dr. Wallace closed the argument stating that possibly in trying to be brief he had failed to make himself plain. That he endorsed most all that had been said and admitted that circumstances and knowledge must go with the use of the cure.

JUDICIAL COUNCIL.

Credentials from the following Societies were reported received, and delegates recommended to be accredited as follows:

E. L. Menafee, Hood County Medical and Surgical Association; Z. T. Bunday, N. B. Kennedy, M. D. Knox, and J. Bine, Hill County Medical Society; A. B. Gardner, Austin County Medical Society; W. E. Fowler and J. H. Powell, from Bastrop Medical Society.

The report of the council was adoped. Mr. S. L. Newton presented his certificate as a delegate to the present Convention from the Texas State Pharmacentical Association.

On motion, his certificate was accepted, and he was given the privileges of the Convention hall.

Adjourned till 9 a. m. Wednesday.

SECOND DAY—MORNING SESSION.

SECTION ON MEDICAL JURISPRUDENCE.

The Section on Medical Jurisprudence being called by President Sears, Chairman B. F. Brittain, of Arlington, read his report as chairman of that Section. On motion the paper was referred to the Publishing Committee without debate.

The Section was opened with a paper on

MIND CURE,

by Dr. D. R. Wallace, of Waco. At this point a recess of a few minutes was taken for the selection of a Nominating Committee, so they might get to work.

[The Nominating Committee is composed of one representative from each affiliating society and one from each county where there is no medical society; names omitted.—ED.]

The next paper was that of Dr. E. D. Capps, of Fort Worth, touching on the subject of

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MORPHINE SUICIDES—PREVENTION—TREATMENT OF OPIUM POISONING.

On motion, the paper was referred to the Publishing Committee.

Dr. Kennedy, of Galveston, spoke briefly on the merits of the paper, as did also Dr. Cerna, of Galveston; Dr. Wooten, of Austin; Dr. Warfield, of Galveston, and Dr. Osborne, of Cleburne.

THE "AMICKS."

Dr. Denton, at this point, offered a resolution as follows:

WHEREAS, A secret nostrum manufacturing concern known as the Amick Chemical Company, located at Cincinnati, O., have for the past several months flooded the United States with circulars of printed matter directed to almost every physician throughout the country, and to many thousands of private persons, claiming to cure tubercular consumption and some other diseases by the use of a secret compound known as the Amick Chemical Cure; and

WHEREAS, This concern has by fraud made illegitimate use of the Associated Press dispatches, and have used the names of men eminent in the profession, without their consent, for the purpose of advertising their said secret nostrum and for the purpose of deceiving the people throughout the country; and

WHEREAS, The claim has been made and circulated broadcast, that this secret nostrum, has the endorsement of the members of this Association, and of the regular profession generally, as well as the reputable medical journals throughout the country; and

WHEREAS, These sharpers, engaged in the manufacture of this secret nostrum, with consummate skill and shrewd money-making judgment, have undertaken, with unblushing effrontery, to use the medical profession in the distribution and sale of their nostrums by refusing to send their so-called chemical cure to patients except through the medical attendant; therefore be it

Resolved, By the Texas State Medical Association, that we denounce the statement that the so-called chemical cure has the endorsement of this Association, or any reputable member of it, as false; and the peculiar and reprehensive methods of advertising adopted by this concern, and the attempt to use the members of the profession in the distribution and sale of a secret nostrum, is hereby condemned and denounced, and that we advise the members of this Association, and the profession generally throughout the country, to refuse their aid to this concern in the distribution and sale of their secret nostrum, which should be treated, in all respects, as other secret and patent medicines.

After some discussion the resolution was adopted and ordered printed in all the medical journals in the country.

County Medical Societies were called on for report of progress,

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and delegates from the following societies made very satisfactory reports:

Johnson Co. Medical Society.....— members
Hill Co. Medical Society .....45 members
Galveston Co. Medical Society.....30 members
W. B. M. (Williamson, Burnet and Bell.).....— members
Collin Co. Medical Society.....40 members
All in flourishing condition.

* * *

A circular was read by Dr. West, the Secretary, referring to the meeting of the American Medical Association in San Francisco, June 4th. The trustees have selected the Santa Fe route through Colorado. All Texas physicians who expect to attend this meeting, in order to secure accommodation on the Association train, should advise W. A. Tuley, general passenger agent, Dallas, Texas, not later than May 20. A special sleeper will leave Galveston at 6:30 a. m.; Fort Worth, at 8:15 p. m., running through to San Francisco without change, and will be attached to the Association train at Newton, Kansas, May 29.

AFTERNOON SESSION.

Section on Surgery recalled; Dr. T. J. Bell, Chairman.

Dr. M. M. Smith read a paper on "Brain Surgery of To-day." Referred.

Dr. Suttle, of Corsicana, read a paper on "Contusion of the Brain," and Dr. Hibbs, of New York, also read a paper. [The reporter regrets that he was not able to be present on this occasion, and failed to get a minute of the proceedings of the early part of the session.]

Dr. J. Sam'l Price, of Beaumont, reported six cases of compound fracture of the frontal bone.

Dr. Hadra, of San Antonio, arose to a discussion of the three papers, advancing some of his personal experiences thereon, and making a hurried review of the theories advanced by his contemporaries.

Dr. Scott, of Temple, arose to compliment Dr. Price on his paper, but also stated that it was quite frequently the case that remedies applied to skull fractures were not at all times sufficient or adequate to the importance of the fracture, and that he was of the opinion that the remedies applied were not heroic enough in many cases.

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Dr. Mathews, of Austin, spoke on Dr. Smith's paper, reviewing the same, briefly criticising on parallel lines.

Dr. Thompson, of Galveston, also spoke in reference to the various papers, giving his personal experience in reference to similar cases.

Dr. Cummings, of Austin, spoke on the subject, advocating a full review of the subject, so that all might have the benefit of it.

Dr. J. H. Reuss, of Cuero, presented some of his cases on this subject, and the effects of an operation performed thereon by himself.

Quite a number of other gentlemen spoke on this subject, giving their experiences thereon.

The Section on Dermatology was not called, there being but one paper on the program, that by Prof. Isadore Dyer, M. D., of Tulane University, N. O., on

THE USE AND ABUSE OF ARSENIC IN SKIN DISEASES,

but instead, on motion, the regular order of business was suspended, and Dr. Dyer was invited to read his paper at this point.

Dr. Alexander, of Coleman, arose to congratulate the author on his paper, but thought it advisable to warn all patients that the use of arsenic at first produces bad effects, but constant use will bring all things right.

The paper of Dr. Dyer was accepted with thanks, and referred to the Publishing Committee.

At this point the work of the afternoon was taken back to the Section on Obstetrics and Diseases of Children, and with Dr. Gardner, the Secretary, in the chair temporarily. Dr. J. F. Y. Paine, of Galveston, read his paper on "The Present Status of Symphysiotomy and its Relation to Other Obstetrical Operations." On motion, the paper was received, and referred to the Publishing Committee.

Dr. M. M. Smith, of Austin, being next on the program, presented a report of a monstrosity without limbs or sexual organs. On motion, the paper was received, and referred to the Publishing Committee.

Dr. Edwards, of the University, and Dr. Lacy, of San Antonio, both spoke in explanation of the monstrosity mentioned in Dr. Smith's paper, advancing various reasons for its cause.

Dr. Hill, of Austin, stated that he had had a similar case under his own care not long since.

Passing on to the

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SECTION ON OPHTHALMOLOGY AND OTOLOGY,

Dr. R. H. Chilton, of Dallas, presented a paper on "Muscular Insufficiency—Errors of Refraction." The paper was referred to the Publishing Committee.

The paper of Mr. H. L. Hilgartner, of Austin, on blindnes in Texas, was next in order, and engaged deep interest.

Drs. Carhart and Warfield spoke at some length on Dr. Hilgartner's paper, after which it was referred to the Publishing Committee.

The next paper under consideration was that of Dr. B. F. Church, of Terrell, on the subject of "Indications and Plea for the Mastoid Operation." On motion, the paper was received, and referred to the Publishing Committee.

Dr. Dulaney, of Tennessee, spoke on the subject briefly, imparting some valuable information from personal experience.

Dr. Tyner, of Austin, spoke briefly on the paper also.

Dr. Church closed the debate, briefly answering some objections and queries brought up against his paper.

Dr. T. J. Tyner, of Austin, made a brief reference to a paper read by him at the International Congress of Doctors, at Rome, Italy, and on motion it was ordered that the paper in question be referred to the Publishing Committee.

Drs. R. Gentbruck, of Houston, and J. D. Jordan, of Madisonville, tendered their resignations as members of the Association. The resignations were accepted, and the Convention stood adjourned at 6 o'clock, until 8 o'clock. The President's address, and annual oration by Dr. Blailock, were delivered Wednesday night at 8 o'clock.

THIRD DAY—MORNING SESSION.

Section on State Medicine and Public Hygiene was called. Dr. T. J. Bennett, Chairman, read his address on

THE NATION'S SIN OF OMISSION.

In this paper the writer showed that every citizen, however humble, who yields obedience to the laws, supports the government, pays his taxes and performs all duties required of him as a citizen has a right to protection by the government, not only in his life, liberty and property, but against dangers that threaten his life;

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and amongst the greatest of dangers he mentioned certain diseases known to be *preventable;* and pointing out in startling statistics the immense numbers of lives lost every year by neglect of hygiene—the absence of laws to enforce sanitation—argued that the government is responsible for this unnecessary loss of life, and that the people have a right to demand protection from preventable sickness—from quack doctors—from mad dogs and from all other similar and dissimilar dangers. He made a strong plea for sanitary legislation, and showed how thousand of lives can be saved by it; instancing reforms instituted in Chicago by legislative enactment based upon report of Boards of Health; and, as the American Medical Association is the only representative National body, its petition to Congress to create a Department of Public Health should be taken as the medical *vox populi* [or the "vox" of the medical "*populi*"]. Until a head of the medical profession is created, the doctor argued, no progress can be made in National sanitary legislation.

The paper was referred to the Publishing Committee, but on motion of Dr. Ashton, of Dallas, the Secretary was instructed to send a copy—under the seal of this Society, to each senator and member of Congress from Texas. Thereupon Dr. Carhart introduced the following

RESOLUTION.

Recognizing the necessity for additional and advised legislation by the National government for the protection of the public health against diseases other than cholera, small-pox and yellow fever, and which diseases science has demonstrated to be preventable by proper attention to sanitation, the Texas State Medical Association hereby endorse the action of the American Medical Association in its petition to Congress to create a department of health with an executive officer at its head with equal power and dignity with that of the executives of the other departments of the government.

We believe that the creation of such a department is absolutely necessary as a first step in the great reform in internal sanitation, the necessity for which is made manifest by statistics, which show everywhere the fearful loss of life through diseases which can be prevented, and we claim that the citizen who pays his taxes and renders obedience to the laws of the country, has a right to the protection of his health as well as of his person, property and other rights, natural or acquired.

Resolved, That the neglect to make laws for the protection of the public health against preventable diseases, in accordance with the revelations of sanitary science, is attributable to the want of definite information on the part of Congress as to the requirements, and not to indifference or disregard of the rights of the

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public to such protection; and that in the absence of a head of the public interest, the action of the American Medical Association should be taken as an expression of medical opinion on this subject.

The above resolution was adopted, after a brief discussion, by a unanimous vote, and at the suggestion of Dr. Bennett, who was in the chair, a motion was made and carried, ordering that copies of the resolution be sent the Texas representatives in Congress.

Section on Practice recalled:

Dr. Carhart read his paper on Typhoid Fever; referred.

Dr. Clarence Warfield, of Galveston, read a paper on

CLINICAL NOTES ON TYPHUS FEVER IN MEXICO.

[The reading of Dr. Warfield's paper was interrupted by expiration of time and was concluded next day; referred to Publishing Committee after an animated discussion. The paper was very creditable to the young gentleman.—ED.]

NIGHT SESSION.

The afternoon of the third day was spent in an excursion on Lake McDonald, the great inland lake created by Austin's famous granite dam. Some three hundred doctors and their ladies, besides a large number of ladies of the city, went up on the great side-wheel steamer Ben Hur. It was a delightful trip, and as there was a fine brass band on board, lively music contributed to the enjoyment and many young persons tripped on the light fantastic.

Returning to the city a night session was held for installation of officers, and memorial service.

The President delivered his address and Dr. Blailock, the orator of the occasion, his oration, on Wednesday night. The JOURNAL regrets not being able to publish these addresses in full.

The following are the officers elect, reported by the Nominating Committee Thursday morning:

President, J. W. McLaughlin; First Vice-President, W. L. York; Second Vice-President, W. R. Blailock: Third Vice-President, W. H. Lancaster.

Judicial Council—Drs. J. H. O'Hara, Link, Loggins, J. M. Inge.

Orator—C. M. Rosser.

Section on Practice of Medicine—Chairman, J. W. Carhart; Secretary, J. H. Frey.

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Section on Obstetrics and Diseases of Children—Chairman, A. B. Gardner; Secretary, A. H. Schenk.

Section on Surgery—Chairman, A. C. Walker; Secretary, E. W. Capps.

Section on Medical Jurisprudence—Chairman, F. S. White; Secretary, B. F. Church.

Section on State Medicine, Etc.—Chairman, R. Rutherford; Secretary, I. N. Suttle.

Section on Gynecology—Chairman, J. E. Gilchrist: Secretary, E. L. Menafee.

Section on Dermatology—Chairman, S. E. Hudson; Secretary, M. M. Smith.

Section on Ophthalmology and Otology—Chairman, R. E. Moss; Secretary, W. M. Yater.

Section on Microscopy and Pathology—Chairman, A. J. Smith; Secretary, J. M. Frazer.

The Publishing Committee was left standing.

Section on Necrology—Chairman, Dr. Oliver; Secretary, E. C. Nettles.

Commissioner of Board of Health—R. M. Swearingen.

The next place of meeting, Dallas, the 4th Tuesday in April, 1895.

Committee of Arrangements—Chairman, J. O. McReynolds.

The President and Vice-Presidents elect were inducted into office Thursday night, each returning thanks for the honor, etc., except Dr. W. L. York, First Vice-President, who was absent. Dr. Osborn spoke for him. The new President took the chair and announced that the hour had been appointed for memorial services.

Tributes of respect were paid to the memory of the members who, since last meeting, crossed over the Stygian river, and appropriate resolutions were adopted, which resolutions will duly appear in the volume of Transactions. The deceased members are Drs. C. F. Paine, of Comanche; H. W. Waters, of Independence; Jno. L. Wagley, of Cleburne; C. L. Mays, of Stevensville, and H. M. Oliver, of Ennis. Dr. Coleman's tribute to Dr. Paine, and Dr. Osborn's remarks touching the life and character and the loss of the lamented Dr. Wagley were eloquent and touching indeed.

After memorial service an attempt was made to pass a resolution on bidding for practice, but it was ruled out of order.

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NEW MEMBERS, 1894.

The Judicial Council reported favorably on the following, and they were admitted to membership:

NAME.	POSTOFFICE AND COUNTY.
Abney, G. M.	Franklin, Robertson
Autrey, J. L.	Luna, Freestone
Blackburn, J. H.	Mineral Wells, Palo Pinto
Boatner, J. W.	Lewisville, Denton
Boyd, Frank D.	San Antonio, Bexar
Boyer, S. S.	Throckmorton, Throckmorton
Brown, J. E.	McGregor, McLennan
Burleson, J. H.	Austin, Texas
Caston, Wm.	Corsicana, Navarro
Fowler, W. E.	Bastrop, Bastrop
Frey, J. H.	Corsicana, Navarro
Fuller, F. A.	Jacksonville, Cherokee
Gammon, Wm.	Galveston, Galveston
Granbury, H. B.	Austin, Travis
Hill, H. B.	Austin, Travis
Hill, L. D.	Webberville, Travis
Hons, J. M.	San Marcos, Hays
Hubbard, M.	Raceland, Collin
Jones, E. A.	Osage, Coryell
Knox, T. R.	Hallettsville, Lavaca
Ledbetter, A. A.	Hallettsville, Lavaca
Lutrell, J. M.	Mineral Wells, Palo Pinto
Miller, J. E.	Lockhart, Caldwell
Morris, J. E.	Madisonville, Madison
Morris, Seth M.	Galveston, Galveston
McCaleb, G. W.	Gonzales, Gonzales
McReynolds, John O.	Dallas, Dallas
Scott, A. C.	Temple, Bell
Shropshire, W.	Houston, Harris
Smith, B. D.	St. Elmo, Travis
Strayhorn, J. M.	Bartlett, Williamson
Warfield, C.	Galveston Galveston
Wickline, R. M.	Johnson City, Blanco
Williams, J. O.	Wm. Penn, Washington

AN IMPORTANT REPORT.

The following report was made by the Judicial Council Wednesday p. m.:

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DR. SEARS, PRESIDENT—In the matter of controversy between the West Texas Medical Society and Dr. James Kennedy, the Judicial Council beg to report, after a careful consideration of the subject and all the facts brought to the attention of the Council, we respectfully submit that the action of the Council, at the annual meeting of the State Medical Association at Galveston, April, 1893, approving the expulsion of Dr. Kennedy by the West Texas Medical Society, and requesting that said expulsion be reconsidered on conditions stipulated, to-wit, "that Dr. Kennedy apologize for language used," and that "the West Texas Medical Society withdraw an offensive expression applied to Dr. Kennedy by said West Texas Medical Society," was altogether advisory and not intended to rescind the expulsion of Dr. Kennedy, nor to claim for this Association the right of dictating qualifications of membership to affiliating societies or subordinate associations. While we regret that the request for adjustment of the difficulty was not complied with on the part of the West Texas Medical Society, we can not do more than has already been done in the interest of harmony. The former action of the West Texas Medical Society, in the expulsion of Dr. Kennedy, is approved. Dr. Kennedy having complied with all the requirements imposed by the Judicial Council of 1893, we respectfully ask that he be restored to membership in the State Medical Association.

Respectfully submitted,

M. D. KNOX, Chairman.

The report raised quite a discussion pro and con, the Chair and some of the members holding that the restoration of Dr. Kennedy to the membership of the State Medical Association expelled all the members of the West Texas Medical Society, inasmuch as an endorsement of him was a condemnation of the West Texas Medical Society. It was explained that Dr. Kennedy was now a member of the Galveston Medical Society, and his reinstatement would have nothing at all to do with the West Texas Medical Society. With the understanding that its adoption would not in any way reflect on the West Texas Medical Society, the report was adopted with few dissenting votes.

FOURTH DAY—MORNING SESSION.

President McLaughlin in the chair.

Dr. S. R. Burroughs offered the following resolution which was adopted:

That the Texas State Medical Association does not endorse the majority report of the Committee on Revision of the Code of Medical Ethics appointed by the American Medical Association,

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and that the delegates to the latter be and are hereby instructed to oppose any change in the present Code.

SECTION ON GYNECOLOGY.

On motion, the Section on Gynecology was taken up, and Dr. Geo. W. Christian, as chairman of that section, read his report. The paper was, on motion, referred to the Publishing Committee, without debate.

Dr. J. F. Y. Paine, of Galveston, was next under this section, with a paper on "Intra-Uterine Manipulations in Pelvic Inflammation." In lieu of the reading of the same, Dr. Paine made an oral explanation of his paper, in a very clear and concise manner, that was attended with marked pleasure and interest on the part of the delegates. On motion, the paper of Dr. Paine was referred to the Publishing Committee.

Dr. McDaniel spoke briefly on the merits of the paper, giving his experience.

Dr. Cunningham also referred briefly to the merits of the subject.

Dr. Gordon and Dr. Blailock endorsed Dr. Paine's paper most heartily.

Dr. Christian, as chairman of the section, considered Dr. Paine's paper of that merit that deserved a few remarks of endorsement from himself, which were cheerfully given.

Dr. M. D. Knox also endorsed the paper.

Dr. West, of Galveston, stated that the plan suggested by Dr. Paine was in direct contradiction to cerain well known doctors' treatment, but as far as he was concerned, he heartily endorsed Dr. Paine's paper.

Dr. Paine closed the discussion, as author of the paper.

Dr. J. Cummings, of Austin, then presented a paper on "An Original Method of Disposing of the Ligatures after Laparotomies in the Pelvic Region, Effecting perfect Drainage, with report of cases."

On motion, the paper was referred to the Publishing Committee.

Dr. Paine spoke briefly on the paper.

Dr. W. R. Blailock presented a paper on "Hysterectomy with Unexpected Complications." The paper was referred to the Publishing Committee.

This section was closed by referring the balance of the papers to the Publishing Committee by caption. On motion, the

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SECTION ON MICROSCOPY AND PATHOLOGY

was taken up. In the absence of the chairman, Dr. A. J. Smith, Dr. David Cerna acted as chairman.

A paper was received from Dr. Herff, of San Antonio, and was referred to the Publishing Committee without reading.

The report of Chairman Dr. A. J. Smith was also referred without reading.

Professor Charles L. Edwards was next on the program, by invitation, and delivered a very exhaustive lecture on Experimental Biology. The paper was, on motion, referred to the Publishing Committee, with the thanks of the Convention to its author.

Dr. William Gammon, of Galveston, was next on the program, with a paper on "Some Clinical Observations on Hæmatozoa Malariæ. On motion, the paper was referred to the Publishing Committee. The paper was discussed by several delegates.

Dr. J. H. Frey, of Corsicana, delivered a paper on "Gunshot Wounds." The paper was referred to the Publishing Committee.

A resolution was passed thanking the Arrangement Committee of the local fraternity for the efficient and highly satisfactory manner in which they had entertained the visitors.

In reference to the resolution offered by Dr. Osborn at the meeting Thursday night, Dr. E. L. Menefee, of Granberry, Texas, offered the following resolution:

Resolved, That we, the State Medical Association, consider as unethical, and therefore disapprove and condemn the custom in some sections of the State of physicians bidding against each other for the medical practice of any community, organization, county jail, or poor farm, or for private families.

The resolution was adopted.

A resolution was next offered by Dr. Cerna, of Galveston, as follows:

In the year 1892 Dr. Solomon Solis-Cohen offered to the Philadelphia County Medical Society a set of resolutions condemning the apparently growing disobedience of the code of ethics of the American Medical Association by members of the regular profession. The resolutions were upheld by said Philadelphia Medical Society. They were soon afterwards presented and unanimously adopted, also, by the Medical Society of the State of Pennsylvania. Slightly modified to meet our own requirements, I offer these resolutions for the adoption of which I ask the support of each and every member of our organization.

Resolved, That the Texas State Medical Association hereby expresses its highest disapprobation of the practice of giving certificates or testimonials to secret preparations alleged to be of

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medicinal virtue, and calls the attention of the affiliated county societies to the fact that such action on the part of the members of the said societies is in derogation of the ability of the profession, and in violation of the letter and spirit of the code of ethics of the American Medical Association and of this Society.

Resolved, That this Association likewise expresses its disapprobation of the practice of inserting advertisements of secret preparations in the columns of medical journals, such action being an insult to the intelligence of the profession, and a degradation of journals indulging therein to the level of the patent medicine almanac. Especially to be condemned is the action of the *American Medical Association Journal* in admitting such advertisements.

Resolved, That copies of these resolutions, duly attested by the permanent Secretary, be sent to all the county societies in affiliation with this Association, to the American Medical Association, to State Medical Societies in affiliation therein, and to the publishers and editors of American medical journals.

The resolution passed with two dissenting votes, viz: Drs. J. W. Carhart, of Lampasas, and Clarence Warfield, of Galveston. These two gentlemen voted against the resolution, giving as their reason for so doing that they had no reliable information that the *Americal Medical Association Journal* published any such advertisements as was charged. These gentlemen agreed to the body of the resolution with this exception.

Dr. Daniel asked the privilege of a personal remark with reference to publication of advertisements of certain preparations. He said, since the medical journals had been impeached, he felt as if he should say a word in defense of the TEXAS MEDICAL JOURNAL. The JOURNAL was on record, for many years, as a staunch and persistent advocate of the code, and a strict compliance with its letter, and that it would be very unbecoming in the management, to admit to its columns even a questionable advertisement; but the great difficulty was to draw the line and say where the permissible stops and the forbidden begins; and still more difficult to say who shall draw the line; who be the censor of the medical press advertising business. The leading journals of the country set the fashion, and we smaller ones feel licensed and safe in taking such as we see in the *Journal of the American Medical Association* and the *New York Medical Record*, and other great publications. The management had tried conscientiously to keep within the line of legitimate business, and had persistently refused all others; that the JOURNAL was the first journal in America to denounce the Amick Chemical Cure when it first appeared in the *Lancet-Clinic*—even before the edi-

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tor of that journal had explained how it got in there; and yet that concern had the audacity only yesterday to offer us its advertisement. We indignantly refused it, of course.

Dr. E. L. Menefee, and several other gentlemen, spoke kind words for the TEXAS MEDICAL JOURNAL, and said it deserved the assistance and support and encouragement of the Texas profession for the great work it has done. For which remarks we beg to tender our sincere acknowledgments.

An invitation was received and accepted from the Mississippi Valley Medical Association at Hot Springs, inviting the Convention to visit that body at its next annual meeting.

Dr. Carhart stated that the Faculty of St. Mary's Academy would be at home to the Convention at 3 o'clock.

Dr. Blailock tried to get through a resolution doing away with the annual banquet at each Convention, but the majority killed it.

All the papers on the program not read before the convention, were ordered referred to the Publishing Committee by caption.

The Convention then on motion adjourned to meet the fourth Tuesday in April of next year at Dallas.

NOTES OF THE CONVENTION.

Dr. Hibbs, of New York City, a Texas born and bred young doctor, and a handsome, dignified gentleman, honored the Association with his presence and read a most excellent paper.

Prof. W. H. Bell, of the Jefferson Medical College, Philadelphia, honored the Association with his presence also, and read a paper on the "Embarrassments of Medicine," which was listened to with deep interest. Dr. Bell is a nephew of the late Judge Bell, of Austin.

State Pharmacal Association.—At this writing, May 9th, the Texas State Pharmacal Association is in session in this city, with a fair attendance. Believing, with the doctors, who met here in convention week before last, that all work and no play makes Jack a dull boy, they have gone up the great lake on the Ben Hur this afternoon, and are having a good time. There are many distinguished druggists amongst them. We met Professor Jas. Kennedy, Professor of Pharmacy in the Texas Medical College and Dean of the School of Pharmacy, and Mr. Morrison, the pioneer druggist of the Geyser City—Waco. The Association will adjourn to-morrow, the 10th, to meet this time next year, in Galveston. Mr. Carlton, of Morley Bros., of Austin, is the President elect. Prof. Kennedy informs the JOURNAL that the Association will award a gold medal of $50 value to the first graduate of the Texas School of Pharmacy. Good.

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EDITORIAL DEPARTMENT.

F. E. DANIEL, M. D., Editor.
S. E. HUDSON, M. D., Managing Editor.
A. J. SMITH. M. D., Galveston, Associate Editor.

EDITORIAL STAFF:

PROF. J. E. THOMPSON, M. D., Texas Medical College, Galveston; Surgery.
PROF. WM. KEILLER, M. D., Texas Medical College, Galveston; Obstetrics and Gynecology.
PROF. DAVID CERNA, M. D., Texas Medical College, Galveston; Therapeutics.
PROF. A. J. SMITH, M. D., Texas Medical College, Galveston; Medicine.
DR. ISADORE DYER, Tulane University; Dermatology.
DR. R. H. L. BIBB, Saltillo, Mexico; Foreign Correspondent.
DR. ROBT. MORRIS, Charity Hospital, N. O.; Clinical Reports

MEDICAL DEPARTMENT UNIVERSITY OF TEXAS.

On the evening of May 1, 1894, in Harmony Hall, at Galveston, the third annual graduation exercises of the Medical Department of the State University were held. After prayer by the Rev. Dr. Scott, Dr. Allen J. Smith delivered the annual address to the graduating class, upon the influence of medical studies upon religious thought. He acknowledged the existence of a basis for the prevalent idea that medical men are of skeptical tendency in religious matters; but he strongly opposed the assertion that medical studies are conducive to absolute atheism, which he regarded as really largely due to personal mental peculiarities on the part of the atheist. He did not hesitate to state that a large proportion of the profession is unorthodox in the details of religion, but asserted that for the most part this group offers a brilliant and intelligent faith in Deity, born in doubt, but full of the truest elements of worship. The unreasoning, taught to regard man as of divine origin and gifted with elements of the divine nature, might, when the realization of the animal nature of man is thrust upon them, be, by revulsion, hurried to the negations of atheism; but normal, even minds, which constitute the bulk of the profession, are but led to recognize in this very idea the evidences of a higher power. Regarding man as an animal with no essential differences of structure from the higher grades of his inferiors, we may be permitted the same liberty of discussion of his higher functions as we would employ in the demonstration of ordinary animal functions. As far as

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can be determined, the physiologic impossibility of a nerve cell without communication with other cells, or with the periphery, may be maintained without exception. The motor and sensory nature of certain nerve cells is established by experimental demonstration; the ideational function of nerve cells is held on weaker basis as proof, but can scarcely be doubted when cerebral lesions and mental faults are found associated. Believing, then, that thought cells are nerve cells just as other nerve cells, believing that isolated nerve cells without peripheral or inter-communication are functional impossibilities, we are bound to accept the view that thought cells, like motor and sensory nerve cells, are in communication with each other and with the periphery—that they receive and register impressions, and from these formulate ideas and originate impulses. The gradual growth of thought from infancy onward, speaks strongly of such a nature. The person who has never received impressions in relation to pain can never appreciate or think of pain; the individual without impressions of color is unable to think of color. The memory is impossible without impressions to be remembered; imagination is but the rearrangement of impressions in new relations. Reason is but argumentation from established facts—from established impressions; the establishment of fact does not rest with man, only its discovery—thus, two and two made four before man discovered the fact. Even judgment, the small voice of conscience, the realization of right and wrong, depends upon surroundings; the Hindoo mother who hurls her infant into the Ganges, has an approval of conscience, as well as the doer of the most Christian act. If man in his higher nature, in the part which really approaches or is the soul, is thus constituted that without impressions he may grow to the age of Methuselah and have no thought or active nervous function, he is not an automaton, he is not a free agent, but one dominated, guided and controlled by an omnipresent, an omniscient, an all-powerful agent external to him—by one above and beyond his comprehension, inscrutible and infinite—by a God. This removal of responsibility from man and its reference to Divinity, is not in the least inexplicable or unjustifiable when one realizes the grand purpose of the greatest good to the greatest number. The thousands whose deaths in the Inquisition horrify the world after centuries have passed, have put paid a slender price for the happiness of religious freedom for millions and millions now. The awful records of the plagues only stand as the warnings, the commands to appreciate

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and practice the blessings of preventive medicine. The groans and the pains, the horrors of battle and of blood, the misfortunes of life do not count for the individual where blessings may be thereby brought to the multitudes. He who gives and takes knows the happiness and the misery of each, and death may be a boon when earth's experiences are run; and so with reason and with grace the responsibility may be left with God.

So too, remembering that the law of the universe demands the greatest good for the greatest number, and that the irresponsible individual in his crime meets as irresponsible masses of his fellows whom he wrongs, when the claim of Divine responsibility for crime is advanced, the equally Divine right, responsibility and duty of public protection is to be remembered, and the laws of society vindicated.

At the termination of this address, Hon. T. D. Wooten, M. D., President of the Board of Regents of the University of Texas, conferred, at the request of the Dean of the Medical Faculty, the degree of Doctor of Medicine upon Malone Duggan, Walter N. John, George Sparks, Jacob H. Sampson, and Ernest A. Thompson.

Mr. Richard A. Goeth, who had complied with all the class requirements for graduation, but who lacked nearly a year of the legal majority, was given a certificate of his eligibility for the degree at the next commencement.

The State Medical Association medal for the best final examination, the Faculty medal for the highest general average in all the branches of the entire course, and the J. M. Kellar medal for the best examination in obstetrics and gynecology, were all awarded Dr. J. H. Sampson. Mr. J. T. Moore, of the first year class, was awarded the prize in histology offered annually by the professor of pathology, the prize this year being a copy of the last edition of Carpenter on the Microscope and its Revelations. A large list of distinctions were announced in the different classes, after which the exercises were closed with benediction by Rev. Dr. Scott.

The session of the school just closed has been highly successful, not only in the very large increase in the number of the students, but as well in the earnestness of work which has marked the entire curriculum. The Regents, in their session in Galveston on April 30th and May 1st, announced or confirmed several important changes in the methods of the school. Hereafter graduates from reputable medical schools, if residents of the

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State of Texas, will be admitted to post-graduate study without payment of fees, unless laboratory courses are undertaken, or the degree of the institution applied for. In the former case, the usual fee of five dollars for each laboratory attended, in the latter, a fee of ten dollars will be charged.

Dr. Seth M. Morris, Professor of Chemistry, whose tenure of office has heretofore been from year to year, was elected to his chair upon the same basis as his colleagues, without any defined limit of tenure.

A Demonstratorship of Normal Histology was created, to be attached to the chair of pathology, and Dr. William Gammon, a graduate of the school last year, was appointed to the position.

It is to be noticed, too, that the coming session has been lengthened to May 15, 1895, in order to provide a full seven months course of instruction and at the same time have sufficient time for proper examination at the end of the term. In the same line of advance it is to be announced that students will not be permitted to matriculate later than October 15, 1894, the marked difficulty of catching up with the class for those students matriculating at a later date making this step an imperative one.

S.

A LIBEL ON THE PROFESSION.

After the adjournment of the State Medical Association a reporter on the *Austin Daily Statesman* published the following scurrilous article, entitled "The Reason Why Doctors Object to Patent Medicines, as Explained by One of Them:"

At the meeting of the doctors' convention here last week the Man of the World chanced to hear a most remarkable assertion made by one of the doctors. The gentleman in question said: "No doctor who has any consideration for his calling will prescribe a patent medicine compound for a patient. If he is a doctor at all he will write a prescription containing the same ingredients. By this means the druggist is enabled to make his percentage on the prescription and the doctor gets a rebate. Now, if the doctor prescribes a patent medicine, the druggist only gets a small margin of profit and the doctor gets nothing at all. So in consideration of this fact, if for no other, a doctor should never prescribe a patent medicine." Now, that is certainly the greatest exposure of quackery and deceit ever exhibited. The Man of the World is glad to note that a delegate and not an Austin physician was the author of the above quoted speech. Upon investigation at a drug store by the writer it was ascertained that not infrequently physicians write out prescriptions for an ounce or so

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of patent medicine stuff, of course, concealing that fact from the patient, though the druggist readily knows black from white.

"What do you do in such cases?" was asked.

"We simply open one of the bottes of patent medicines we have on the shelf, fill a small phial full of it over the prescription counter and charge the patient $1 for it, and put the big bottle of patent medicine back for just such another sucker. If it hadn't been for that worthy doctor's prescription the man could have got the whole bottle of patent medicine for 50 cents, containing five times as much as that he paid one dollar for on prescription. But in case he was allowed to buy the patent medicine the doctor would have gotten no rebate on the prescription, so there you are in a nutshell."

Such detailed facts as the above are simply appalling. To think that for a mere pittance they would get out of a 50 cents prescription these doctors would go to work and make a poor man pay out $2.50 for five phials of a medicine, that, had he been permitted to pay for in the bottle at first, would only have cost him 50 cents. The mere thought of such a thing is disgusting, and the Man of the World never felt such supreme contempt for any man as he did for the gentleman who made that speech on the convention floor. The speech conveyed only too plainly the information that the doctor was out for spoils—none of the milk of human kindness flowed in his veins. Every 50 cents prescription made a rebate for him, and he was going to have it, come what would.

The Man of the World would suggest that if the able doctors can bring no more forcible argument against the patent medicines than the one given by this doctor in open convention they had better profit by the saying—"Silence is golden."

A number of Austin physicians met and passed the following resolutions, which were also published in the *Statesman:*

At a meeting of representative physicians of Austin, held May 4th, for the purpose of considering and acting on a certain article which recently appeared in the local editorial columns of the *Austin Daily Statesman*, reflecting upon the medical profession of this city, and the entire State, the following resolutions were unanimously adopted and ordered published in the *Statesman:*

WHEREAS, There recently appeared in the local editorial or reportorial columns of the *Statesman* an article headed "The Reason Why Doctors Object to Patent Medicines, as Explained by One of Them," in which article it is asserted that the writer had heard a delegate on the floor of the recent Medical Convention in this city state in substance, "That by writing a prescription for the same ingredients of which a patent medicine is composed, the druggist makes a larger profit and gives the doctor a rebate;" and further, that he, the said writer, in a conversation with an Austin druggist, was informed by said druggist that "it is a common practice for doctors to prescribe a small quantity of a patent medicine and have it put up as a prescription, the drug-

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gist charging a much larger price for this part of the bottle thus dispensed than the whole bottle would be sold for; and by that means he made a larger profit, and gave the doctor a rebate." Or, in other words, that this druggist stated, in effect, that doctors and druggists are in collusion to rob their patrons.

Resolved, That the statement that a delegate on the floor of the recent medical convention in this city, at any time during its sessions, made any such statement, is false and libelous upon the medical profession; that members of the Austin profession who were present and heard all the discussion on the subject of patent medicines, assert positively that no such statement was made by any member or delegate at any time, and that no language was used that could, by any honest interpretation, be so construed.

Resolved, That the statement, by whomsoever made, that any reputable physician in this city is, or has been guilty of any such collusion as is in said article attributed to them, is false and libelous; and we assert that no reputable physician asks, expects or would receive from his druggist any rebate or percentage on his prescriptions.

Resolved, That the entire article is a misrepresentation of facts, and an unmerited insult to the entire medical fraternity of this city and State.

J. W. McLaughlin, M. D., President Texas State Medical Association; T. J. Bennett, M. D., President Austin District Medical Society; Q. C. Smith, M. D.; S. E. Hudson, M. D., President Travis County Medical Society; R. M. Swearingen, M. D.; F. E. Daniel, M. D., Editor TEXAS MEDICAL JOURNAL; A. N. Denton, M. D.; E. V. Hamilton, M. D.; T. J. Tyner, M. D.

The young man of the *Statesman* who wrote the article insists that a delegate *did* make the statement attributed to him, and that it was made *Thursday night.* Now, the editor of the JOURNAL was present on Thursday night, as were Dr. McLaughlin, the new President (who had just been inducted into office), Dr. Q. C. Smith and several others, and we assert positively, and are sustained in the assertion by the gentlemen named—that the subject of patent medicines *did not come up, in any form, that night; and not a word of discussion was had on it.* After the induction into office of the officers elect, memorial service was held; after that, Dr. Osborne introduced a resolution condemning contract practice and physicians bidding for practice, and after discussion had begun on this resolution, President Sears promptly ruled it out of order, and explained that the night meeting was called for a special purpose.

Now—the young man of the *Statesman* has gotten things mixed. On Friday morning the subject of patent medicines was discussed. It came up in the resolution of Dr. Cerna, condemning medical journals for publishing certain advertisements; and

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Dr. Poyner, of Bartlet, Texas, described the difference between patent medicines and proprietory medicines; and he is the only man who did dilate on the subject. The young man is evidently referring to Dr. Poyner, and has misquoted him badly. We wrote Dr. Poyner, enclosing the article from the *Statesman*, and expressed the opinion that it was his remarks the reporter claimed to be reporting, and asked the doctor to let us know exactly what he did say. Here is Dr. Poyner's reply:

I cannot give the words used in discussing the resolution, but my recollection is very clear as to the thought in my mind. That was, that the line should be clearly drawn between a patent and a secret medicine. That if a man saw proper to take out a patent on any preparation, or name thereof, that was his clear right by the law and as a business proposition. That the law of copyright and patentright stood on the very same basis. That when a thing was patented it was no longer secret, but that the records were open to the inspection of the world. That it would have been well, better for all, if the charlatans who invented the obstetric forceps had taken out a patent, instead of concealing their invention and using it for their gain exclusively. That such coal tar products as antipyrine, phenacetine, and antifebrin, were not secret as to composition, but the name only was proprietary. That I had never prescribed antikamnia, because I did not know its exact composition, though probably it was nearly identical with the anodyne tablets made by Sharp & Dohme, formula on bottle. I alluded to the fondness for secrecy and voodooism among the laity. Also the ridiculous attitude that a physician would occupy if put on the stand in a suit for malpractice and asked for the composition of his prescription, supposing he had prescribed antikamnia, etc.—secret preparations.

This is about all on the Cerna resolution. I am sure that no one in that discussion used any language that could by any possibility be rationally given the color that this reporter published. This reporter should be pierced through and through by the arrows of professional and public scorn. He should be made to trot out his druggist imformant, and said druggist should be made to trot out his doctors, and every one, if any, engaged in such nefarious practices should be overwhelmned by an avalanche of professional and public contempt and scorn. You cannot dip your pen in gall too concentrated to do justice to this vile article and its writer. Yours truly,

J. S. POYNER.

The above should be sufficient to fix upon this *Statesman* reporter either a willful perversion of facts or compel an acknowledgment that he was mistaken and has done the profession an injustice; and at the same time vindicate the delegate referred to and the entire medical profession. The young man reporter refuses to give the name of his druggist friend. If there is any

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one in Austin calling himself a physician who is guilty of such conduct as this alleged druggist imputes to him, his name ought to be published; but we don't believe there is a reputable physician in Austin who is guilty of such conduct.

COMMENCEMENT DAY.—"In the spring time the young man's mind lightly turns to thoughts of love," says Thompson; but the average medical student crams on Smith's Compend, and prepares for examination. With hesitation, trepidation and perspiration he approaches that green baize door which, veiling his future, conceals a terror in the shape of a bald-headed professor, in whose hands hangs the destiny of many fellows, each, not by a thread—but by a string—of hard questions. Happy they, the happiest of their kind to whom Pat, the janitor, hands a long round tin box next day; while, with a grin, he suggestively protrudes his left hand for the expected fee, never less than a V. Who so proud, then, as they—the fledglings—the new-born medicos?—as when next they meet, the old familiar "Tom" and "Harry" are dropped, and it is "good morning, *doctor;* accept my congrats;—didn't old Blimber make a fellow sweat?"—"Oh shaw, *doctor*, he was *nothing* to old Bones when he got me on the ligaments. I was up to date, tho', you bet; crammed. So long, doctor." (Another two.) "Ah, good morning, doctor; got through, I hear; yes, it was tough. Be on hand to-night, of course, with your swallow tail?" (Exit.)

The palpitating part of it had only *begun*, however, in the green room. (How provokingly old Bones *did* grin when he asked them to "give him the muscles of the neck.") All these young M. D.'s have to stand the battery of bright eyes to-night at the opera house; and in that large and fashionable audience all a-flutter with fans and furbelows—every young fellow has a bright particular pair of eyes that to him look like the rising sun, as he steps out in response to his name to get his sheep skin; while to the owner of said pair of rising-sun orbs, that particular name on the program,—it may even be Grubbs,—blazes with a holy light, quite eclipsing all the others.* Then,—the first time SHE calls Harry "doctor,"—oh, not for the crown of an Indian prince would he exchange that proud title! (We've been there—though it was in the long, long ago; memory brings back the days that are no more,)—and—at the ball; and—after the ball; what medicine—heart excitants mostly, we fear, is talked, as,

* (And the band played Annie Laurie.)

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arm in arm, each happy couple promenades beneath the vine-clad trellis, or—drop the curtain here; the "sweetness" of that faithful watch dog's honest bark, that Byron tells us about, baying deep-mouthed welcome as, in after years we draw near home any rainy, dark night, after a ten mile ride for a bare "thankee," is just only brown sugar to double-distilled saccharine—compared to the bliss of those moments, spent with Dulcinea, the first evening he wore his title and his pigeon-tail coat; as they told and listened to 'neath the umbrageous shades of those grand old oaks, the old, old tale; it is always the same; told with variations often, perhaps, but always the same old tale;—and ever new;—told with the eyes, "for the heart doth speak when the lips move not"—so that when flashed from a woman's eyes even a savage can comprehend: "two souls with but a single thought," etc., etc.; ah, me, would I were a boy again; or, rather, a young doctor, sprouting our first mustache. How much medicine we then *did* know, good gracious! The wonder grew sure enough—with us—that one small head could carry it. But somehow one's head seems to leak medical knowledge, as the bones harden and the sutures close up. Just the reverse we would expect; but it is a fact; we think that most any doctor of our age will admit it;—the older we get the less we know! Crowded out, p'haps, to make room for a recollection of our uncollected bills (or our unpaid ones); or by family cares, and calculations how to make a $2 fee buy Johnny those red-top boots promised him at Christmas; and the dear wife—she of the sun-rise eyes of long ago—that pretty calico dress she saw in Isaac's window!

Ah, yes; spring time is "commencement" time; and the output of the new issue of (we like to have said "greenbacks," so absorbed are we in studying out the above financial sphynx—no, the silver question and the Bland bill)—the output of the new generation of doctors is large. We shall not attempt even to keep a memorandum of the number; each college is turning them out by the score,—raw material that, beyond doubt, will make the future Sir Andrew Clark, the S. W. Gross, the Austin Flint, the Marion Sims.

To them all, those who are properly imbued with the love of science; who have chosen medicine not as a money getter alone—we say *aim high!* What was possible to the poor Southern boy Sims, Wyeth, Nott, is possible to you;—do not put away your books now that you have your diploma; you have only *graduated*, you have not *finished;* you have only begun. It is truly your

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"commencement day." Drink deep, or touch not the Pyærian Spring. Let not alone the sun-rise eyes of your beloved inspire you; determine to win a place for her where, in after years, she may not be ashamed of her young doctor. The hill whereon fame's proud temple shines afar *is* hard to climb; but it has been climbed. What others can do, you can do; so my dear boy (*beg* pardon)—my *dear* young doctor—aim high,—and *Amen.*

THAT BANQUET.—The banquet given by the Austin physicians to the Texas State Medical Association was a most humiliating failure; there was not enough to eat, and what there was, was inferior; the celery stale, the fruit rotten, and the wine indifferent. Dr. Bennett, chairman of the Committee of Reception, made an explanation the last day of the session, placing the blame where in belongs; but as there were very few present, the committee stands in a bad light before the profession, and is no doubt laughed at, or otherwise unjustly criticised. We therefore make the same explanation here, for the benefit of those who did not hear it.

There was an abundance of money, and an abundance of good will and good intention and liberality. The committee had raised from the local profession several hundred dollars more than the contract price of the banquet (ordered for 225) came to; they had money to spare. So the scant supper was in no way due to scant funds, nor stinginess. The committee procured a *menu* from each of several caterers here in Austin, with their bid to furnish supper and wine for 225. The management of the brag "Driskill" submitted the most satisfactory *menu*, and said to Dr. Bennett, in effect, "We want the order, and will do better than any one *can* do; we will *spread* ourselves, and will guarantee satisfaction, and will set a supper that will be a credit to you and to us; we do not expect to make a cent, but want to set the supper as an advertisement for the hotel."

Well, they got the advertisement, and much good may it do them, if it is any satisfaction to them that at least seventy-five physicians and ladies sat down to empty tables and left without gettiug a mouthful of anything to eat; while the one hundred who entered first cleaned up the supper and left, dissatisfied, and criticising the whole affair. There was not food enough for one hundred, and it was all put on the table at one time, and those who entered first ate it all. There was $230 left, after paying a round price per head for all who entered, including those who left without getting anything to eat; and all other bills.

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The custom of giving a banquet ought to be abolished. True, it is not obligatory to set a supper, but the precedent has been observed up to date by every committee where the Association has met, for several years, and with each succeeding committee it appears to be a case of *noblesse oblige*. It is a tax upon the local profession wherever the Association meets. With all other conventions of whatever kind, religious, railroad, cattle men, or political, whenever a banquet is given, the business men and citizens generally are called upon for funds; but when the doctors meet the local brethren bear all the burden. And yet every attempt made in Association meetings to vote down the custom is defeated. One result of the custom is—nobody wants the Convention. At this meeting, Dr. Blailock offered a resolution to the effect that in future the brethren where the meeting is to take place "shall not feel *obliged by precedent* to set out a banquet," and it was promptly voted down. Dallas, where we meet next (without an invitation, however), will please take notice. The defeat of the resolution is, in effect, to say that hereafter, wherever the Association elects to meet, the profession *must feel obliged by precedent to set a banquet!*

The fact is, these Conventions should be held wherever there are best accommodations, and at most accessible points; should hire their own hall, and each man go to a hotel and pay his expenses, and the local profession should not be put to expense of and kind for their entertainment.

IN THE election of Dr. McLaughlin to the Presidency, the Texas State Medical Association honored itself. Dr. McLaughlin is a man of dignified presence, and is a popular, courteous physician. He is better known in connection with original scientific research than any physician, perhaps, in Texas. His researches on the dengue microbe gave him even European reputation; while his writings on Infection, Contagion and Immunity have awakened a wide spread interest in medical circles throughout the world. He has entered a new field, and if he has really made no discovery he has at least blazed the way for others and opened up a wide field for investigation. We present herewith a picture of our new President, of which the JOURNAL is quite proud, and a brief biographical sketch of his life. In his younger days Doctor McLaughlin was a dashing cavalry captain in the Confederate service, and waged a semi-guerilla warfare in the mountains of Tennessee, under the dashing Morgan and Duke, making many narrow escapes. A part of his life if written out would read like a romance.

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A MERITED HONOR.—We note, with pleasure, the honor bestowed upon Prof. Robt. Field LeMond, of Gross Medical College, Denver, Colorado, by his *alma mater*, the Hospital College of Medicine, Milwaukee, Wisconsin. Prof. LeMond has been invited to deliver the address to the Graduating class at the approaching commencement, June 19, '94.

Professor LeMond, several years ago, quietly slipped into the "Capital City," and when he left, it was noticed that one of Austin's fairest and most charming ladies was missing. He had linked his fate with that of Mrs. Mary E. Slaughter. This is why, in common with the many other friends of the fair partner of his life, we feel such a deep, sympathetic interest in his elevation to the pinnacle of fame. May God speed the doctor, is our sincere wish. F. S. C.

PRESIDENT-ELECT J. W. McLAUGHLIN, M. D.

Dr. James Wharton McLaughlin, Austin, Texas, whose portrait the JOURNAL presents herewith, was born September 7th, 1840, at Springfield, Ohio. Father's name, Cyrus Duncan McLaughlin; mother's name, Sarah (Wharton) McLaughlin; paternal grandfather, James Wilson McLaughlin. He is of Scotch-English parentage.

Dr. McLaughlin was educated in the common schools of Ohio, and began the study of medicine at 16 years of age with his uncle, Dr. Andrew Campbell McLaughlin, of Tremont City, Ohio, and supported himself during the time. He attended his first course of medical lectures at Cincinnati College of Medicine and Surgery at Cincinnati, Ohio, during the session of 1859 and 1860; had but fifteen dollars at the beginning of the session, and managed to live on this amount until its close, besides paying $1.50 for shoes, and 10 cents on several occasions for entrance into the peanut gallery of the theatre.

At the close of the session he returned to Tremont City and entered into practice with his preceptor.

During the political excitement in the fall and winter of 1860 and spring of 1861, he was an active and outspoken advocate for States Rights, an uncompromising Democrat by inheritance and conviction, who regarded the Federal Union as a compact between the States, whereby the latter surrendered to the former certain rights designated in the Constitution, and reserved all other rights to themselves, and therefore believed, when the Southern States failed to obtain their rights within the Union, they should be

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allowed to withdraw from it peaceably. These views, as may be supposed, were not only very unpopular in that section, but marked their advocates as objects of public fury; consequently he left his native State between two suns, and in Louisville, Ky., in March, 1861, joined the 1st Kentucky Regiment of (Confederate) Infantry, was elected Lieutenant of Co. D of this regiment, at their reorganization, just before the first battle of Manassas, and served in this capacity until the regiment was disbanded, immediately after the peninsular campaign in Virginia. He then joined Gilmore's Company of Scouts of the 14th Virginia Cavalry, and afterwards served with Generals Morgan and Forrest, until the close of the war. Came to Texas in the fall of 1865, and immediately began a review of his former medical studies.

In January, 1866, he became associated with Dr. Sam D. McLeary, of Colorado county, Texas, in the practice of medicine. In the fall of the same year attended a second course of medical lectures at the Medical Department of the University of Louisiana, and graduated from this school in the spring of 1867; then located at Fayetteville, Fayette county, Texas, and was fortunate in securing, from the beginning, a lucrative practice. Married Miss Tabitha Bird Moore, the only child of Dr. Bird and Sarah E. Moore, of Fayette county, in September, 1867. They have six children—three boys and three girls—all living. Moved to Austin, Texas, in January, 1870, where he has since resided.

Dr. McLaughlin is a member of the following medical societies, viz.: Travis County Medical Society, Austin District Medical Society, Texas State Medical Association, American Medical Association, American Public Health Association, Pan-American Medical Congress and Southern Surgical and Gynecological Association.

He is the author of various medical papers which have appeared in Daniel's TEXAS MEDICAL JOURNAL, *N. O. Medical and Surgical Journal*, *Medical Record* and *American Therapist;* also, of a volume of 240 pages published in 1893, entitled "Fermentation, Infection and Immunity," which has received flattering reviews from home and foreign medical journals. Has been President of the Travis County Medical Society, the Austin District Medical Society, and, at the New Orleans meeting of the A. M. A., he was elected by the Texas delegates to represent the State in the organization of the Ninth International Medical Congress which was held in Washington, D. C.

Dr. McLaughlin is also a member of the "Texas Academy of Science" and the "Austin Microscopic Society."

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In 1885, during the prevalence of the last epidemic of dengue in the State, he conducted original investigations into the etiology of this disease, and obtained from the blood of dengue sufferers in about forty different cases, and in all examined, a unique micrococcus which, he claims, is the specific cause of this disease. Artificial cultures of this micro-organism were made and its life-history carefully studied. From these it was found to possess characteristics in its method of grouping that differentiates it from all other known micrococci, and, therefore, establishes a relationship between this micro-organism and dengue.

A paper setting forth these original investigations, and the conclusions arrived at, was read by its author at the meeting of the A. M. A., held in St. Louis in 1886, and published in the Association journal.

Medical News and Miscellany.

Dr. A. Jay Sibley has located at West Point, Texas.

Dr. J. W. Carhart has removed from Lampasas to La Grange, Texas.

Dr. W. B. Anderson, who has just completed a course at the New Orleans Polyclinic, has located at Taylor, Texas.

Dr. W. L. York, of Decatur, Texas, although absent, was not forgotten; he was elected 1st vice-president; a rare compliment.

Dr. J. D. Osborn was elected mayor of Cleburne last month. What do so many doctors want to be mayor for? Dr. Fly, of Galveston, has made and is making a good mayor.

Dr. R. B. McKinney, of Memphis, Tenn.,—a protege of Prof. Sim, and connected with him on the *Memphis Medical Monthly*, has gone to Germany to finish his medical education. We predict he will "make his mark" and be a professor, some day. He is a fine young fellow.

Dr. P. C. Coleman, of Colorado, will be the next President of the Texas State Medical Association. He will be elected at Dallas; mark the JOURNAL'S prediction. Dr. Coleman is a most popular and courteous physician and is a good speaker. He has claims for promotion which will not be ignored.

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A PURE HYDRATED OXIDE OF MAGNESIUM.—(MgH_2O_2.)

ANTACID.

Practically Magnesia in permanent solution—not mechanically suspended—Miscible with other fluids—A mild and pleasant laxative—Free from carbonic acid, and in a form easy of administration and absorption. No danger from concretions as with the calcined. It combines well with Syr. Rhubarb, Soda, Opium, the vegetable astringents, etc., and will be found superior to bulky Lime water and Chalk mixtures for addition to milk.

Especially applicable to disturbances of the gastro-intestinal tract in infant, child and adult life. Neutralizes the acrid acid secretions of diseased mucous surfaces. Indicated also in the Gouty and Rheumatic diathesis in combination with Salicylate of Soda, rendering the latter more efficient and less irritating to the stomach.

PHOSPHO-MURIATE OF QUININE,

COMPOUND.

A RELIABLE ALTERATO-CONSTRUCTIVE,

Particularly applicable to conditions of **mal-nutrition.**

A reliable **tonic** in **convalescence** from the exanthemata, and of obvious indication in those cases whose deficiency of the Phosphates results in **glandular enlargements, scrofulosis, imperfect bone formation,** or **impairment of the central nervous system.** An easily appropriated and stable combination of the Soluble **Wheat Phosphates** with **Muriate of Quinine, Iron** and **Strychnia.**

Of greater strength than the various Hypophosphite compounds.

The above Preparations are put up in Dispensing and Trade Containers.

DIGESTIBLE COCOA.
WHEAT PHOSPHATES.
COD LIVER OIL EMUL.

The Chas. H. Phillips Chemical Co.,
77 PINE STREET, NEW YORK.

FORMULA:

Each fluid drachm contains

Tonga, 30 grs.
Sodium Salicylate, 10 grs.
Ext. Cimicifugæ Racemosæ, 2 grs.
Pilocarpin Salicylate, 1-100 gr.
Colchicin Salicylate, 1-500 gr.

TONGALINE

ANTI-NEURALGIC.
ANTI-RHEUMATIC.

Possesses a peculiar affinity for viscid and sluggish secretions, neutralizing and eliminating them through the bowels and the emunctories.

INDICATED IN

Neuralgia,
Rheumatism,
La Grippe,
Gout,
Sciatica,
Nervous Headache.

The Salicylic Acid being from Oil of Wintergreen.

Sample of Tongaline sent to any physician who will pay express charges.

INDICATED IN

Metritis,
Endo-Metritis,
Subinvolution,
Menorrhagia,
Metrorrhagia,
Leucorrhœa,
Dysmenorrhœa,
Ovarian Neuralgia,
Painful Pregnancy,
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Ponca Comp.

UTERINE ALTERATIVE.

Exercises a decided alterative action on the uterine tissues, a general tonic influence on the Pelvic Organs; has a tendency to absorb plastic deposits, to regulate the vascular supply, to relieve congestion, to tone up the nerve forces, to encourage peristalsis, and to remove spasmodic conditions.

FORMULA:

Each tablet contains
Ext. Ponca, 8 grs.
Ext. Mitchella Repens 1 gr.
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Helonin, ⅛ gr.
Viburnin, ⅛ gr.

Sample of Ponca Compound sent free on application.

MELLIER DRUG COMPANY, ST. LOUIS.

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"The Articles o' the Combination"

—(HENRY VIII.)

Are what commends Lactopeptine to the discriminating judgment of the physician. The quintessence of digestion is embodied in this preparation in the five great digestive agents, namely: *Pepsin* the meat-converting, *Pancreatin* the fat-saponifying, and *Ptyalin* the starch-changing ferment, with *Lactic* and *Hydrochloric Acids*, the normal gastric acidifying agents. They are carefully and scientifically blended with pure milk sugar as a basis. It has been shown by an extended clinical experience (which is the only true test) that none of these agents, alone and unaided, can accomplish the results obtained by the intelligent use of Lactopeptine.

"*Experientia Docet.*"

"Wonderful Things in Nature" sent upon receipt of 2c. stamp.

The N. Y. Pharmacal Association

YONKERS, N. Y.

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The Journal is pleased to announce that Dr. Seth M. Morris, Professor of Chemistry in the Texas Medical College, who for two years has had his appointment only for a year at a time, was, at the last meeting of the Regents, made full professor and put upon same footing as the other members of the faculty.

A Hot Supper.—While the disappointed ones who got badly left on the second round at that dismal failure of a banquet were consoling each other, dear, good old Dr. Sears, the late President, made them all feel worse by telling them he had "had a hot supper,"—he "got a cracker and some pepper sauce," he said.

Dr. Robert Towns Morris, of Austin, a grandson of the venerable Dr. W. A. Morris, graduated with distinction at the Tulane University Medical College last month; his thesis—Puerperal Eclampsia—was one of three selected by the Faculty out of one hundred, for publication. It will appear in the next number of the JOURNAL.

Dr. T. J. Tyner returned from Rome in time to take part in our big State meeting. He read a paper at the International Medical Congress, on his operation for cataract, which was much complimented. It was translated into German and Italian, and was published in some of the European journals. We congratulate the doctor on his success.

The American Medical Editors' Association will hold their annual meeting at the Palace Hotel, San Francisco, California, Monday evening, June 4th, prox., C. H. Hughes, M. D., President; Geo. M. Gould, M. D., Secretary; I. N. Love, M. D., Chairman Committee of Arrangements, and a banquet has been tendered them by Mr. R. E. Queen, of San Francisco. Of course they will have a good time; they always do.

Publishers' Notes.

Listol is a new antiseptic dressing, compounded of Iodine and Thymol, and will recommend itself to all physicians. See ad. in this issue.

A New Iron Preparation, possessing all the desirable medicinal and therapeutic properties of iron, without any of the many objectionable features heretofore attending the use of other forms

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of iron, is the "Hæmoferrum," manufactured by Frederick Stearns & Co., Detroit, Mich. It is non-irritating and easily assimilated, and the results obtained from its use in anæmia and other conditions demanding iron have been excellent. Its ease of administration, its palatability and the quick results obtained from its administration all recommend it to the consideration of the progressive physician.

Dysmenorrhœa and Metrorrhagia.—"An unmarried lady, aged thirty-five, with a previously good personal history regarding her general health, called upon me a few months since, seeking relief from dysmenorrhœa and metrorrhagia. Bearing in mind the formula of Ponca Compound and being impressed with its application for the conditions presented, I prescribed the preparation in doses of one tablet t. i. d. The abnormal conditions very soon responded favorably to this treatment. The painful menstruation improved and the menses became more regular. She took the tablets as directed for two or three weeks, and later on expresssed herself as very much relieved. I saw her a few days since and she said that now during her menstrual periods she experienced little or no pain."—Belceher Hyde, M. D., 282 Macdonough Sts. Brooklyn, N. Y.

Drs. Hadra, of San Antonio, and Leonards, of New Braunfels, have opened a private infirmary at New Braunfels, Texas, for all kinds of diseases, especially for surgical and gynecological cases, except contagious ailments. The prices they propose to make very moderate, and in the reach of average patients. New Braunfels is one of the healthiest and most beautifully located towns of our State; the building is perfectly new, and all modern accommodations, trained nurses, etc., will be at the command of patrons. The JOURNAL takes pleasure in recommending these gentlemen, both of whom are well known practitioners and deservedly stand high with the profession of the State. Dr. Hadra is extensively known, through his writings, as a gynecological surgeon, and Dr. Leonards scarcely less well known. Dr. Hadra has removed from Galvestou to San Antonio (28 miles from New Braunfels).

Clinical Thermometers.—How to get the best at the same price as the cheapest.—A thermometer equal to or superior to Hicks', of American manufacture, can be bought by physicians at the price of inferior thermometers, if the physician will insist on getting the Taylor thermometer from his dealer. A thermometer of permanent accuracy, certified, cannot be manufactured and supplied to the dealers at the prices which the dealers can purchase inferior thermometers from less careful and conscientious manufacturers, but the physician can buy a Taylor certified at the price of an inaccurate thermometer, if he insists on his dealer's supplying it and no other.

A thorough trial of one of the Taylor thermometers will con-

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SPRINGER, N. M., Dec. 11th, 1893.

THE HALL CAPSULE CO., Cincinnati, O.:

Gentlemen:—I received the 1000 Ruby Capsules sent me by mail some time since, and am very much pleased with them. They are pretty as they are useful, are excellent in quality, and the most convenieut means I have ever seen where two kinds of medicine are given in capsules to be taken in alternation. I enclose postal note, one dollar. Kindly send me another 1000 of the No. 2. Yours, etc., L. HINES, M. D.

"An Ideal Aphrodisiac."

DIXON, ILL., March 7th, 1894.

THE HALL CAPSULE, CO., Cincinnati, O.:

Gentlemen:—I have within the past few years used many thousands of your *Pil Palmettine*, and find them the remedy par excellence in all prostatic troubles. In enlarged prostate they universally give satisfaction. In all exhausted or anemic conditions of the male reproductive organs, whether from early abuses or late excesses, or whatever cause, I find in them the best tonic I have ever used. They are the ideal aphrodisiac.

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Locomotor Ataxia,
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CAUTION:—To avoid mistakes in future, please specify **"LABORDINE"** instead of **Analgine-Laborde** as **Coal-Tar Products** of some what similar name are being frequently dispensed by **mistake** for our **product.** Hence our reason for **change of name.** The majority of Antipyretics, Analgesics and Anodynes on the market are **COAL-TAR PRODUCTS** and as Physicians well know, are **dangerous** and **many deaths** are attributed to their use.

LABORDINE is a purely **vegetable product** of a brownish gray color, agreeable taste and odor, slightly soluble in water, soluble in alcoholic solutions, and compatible with all drugs. It is composed of the active principles of Apium Graveolus and Camellia Thea. It is an original formula of **PROF. LABORDE,** and is in general use in France and all other European Countries, and has taken the place of all **COAL-TAR PRODUCTS,** as it has none of the disadvantages of the same, etc. etc. As a remedy for headaches and fevers, arising from any cause, it is unexcelled, also for vague transitory and wandering pains of the Neuralgic and Rhematic type.

LABORDINE
Sustains the action of the heart always.
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Habit cannot be acquired.
Does not derange the stomach.
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Does not cause dizziness.
The dose never needs to be increased.

Labordine is unexcelled by any of the Coal-Tar Products of their compounds, as an antipyretic, analgesis and anodpne, compatible with all drugs, therefore most useful and indicated in all diseases of inflammatory and nervous origin. **PRICE $1.00 PER OUNCE.** (Powder or 5 grain tablets.)

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vince you, as it has us, that it has no superior on the market, and the amount you will save on your purchases is an item worth your attention.

An Excellent Prescription for Obesity and Fatty Degeneration of the Heart, and said by some to have been used with good results in rheumatism:

℞ Phytoline.....2 ozs.

Sig: Ten drops an hour before and after meals in a glass of water (hot if possible).

This prescription can be filled by any retail druggist in the United States.

The Pharmacopœia is singularly poor in vegetable alteratives, and sarsaparilla, the best known and most frequently prescribed is most uncertain in action and frequently very disappointing in results. Any well tested addition, therefore, to our materia medica in this class of remedies, will, we are sure, be gladly welcomed by practitioners. Some time ago we received from Messrs. Parke, Davis & Co., of Detroit, U. S. A., a sample of a syrupy compound containing the essential elements of *Trifolium pratense* (red clover), *Stillingia sylvatica* (yaw root), *Lappa officinalis* (burdock), *Phytolacca decandra* (poke root), *Berberis aquifolium* (mountain grape), *Cascara amarga* (Honduras bark), and *Xanthoxylum Americanum* (prickly ash). All these are powerful alteratives, and have been in common use by American physicians in cases of a scrofulous or syphilitic nature. The proportions of each drug contained in the syrup are given with the directions, and to increase its operative action eight grains of iodide of potassium have been added to each ounce. We have used it with decided satisfactory results in some cases of chronic skin diseases of suspected specific origin. Being very palatable, children take it readily, and we have found it exceedingly useful, when combined with small doses of perchloride of mercury, in treating congenital syphilis.—*Hospital Gazette.*

Piperazine in Diabetes Mellitus.—Although Piperazine has been chiefly utilized as a solvent for uric acid in the treatment of gout, renal lithiasis and the uric acid diathesis in general, some evidence has been recently adduced showing its value in diabetes mellitus. Hildebrandt's experiments are very interesting in this respect. He set up an artificial diabetis in dogs by administration of phloridyia, and then gave Piperazine Bayer with the result of preventing the excretion of sugar. If phloridyin and piperazine were similtaneously administered, no signs of diabetes or impairment of the health of the animals was observed. Encouraged by these results Hildebrandt resorted to the use of the remedy in a case of marked saccharine diabetes giving from 15 to 25 grains daily divided in three doses in aqueous solution. Under its employment which was kept up for fourteen days the amount of sugar in the urine was reduced from 8 to 3 per cent.,

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while the patient's general condition was also much improved. In a case treated by Dr. Gruber, in which other remedies had been previously employed without success, Piperazine Bayer proved very serviceable. It was administered in 15 grain doses daily dissolved in soda water, and its administration was continued for five weeks. During this time the patient's condition was not only materially improved, but the excretion of sugar was considerably reduced. In view of the lack of efficient remedies in diabetes mellitus, further trials of Piperazine are greatly to be desired. Now that the Farbenfabriken Vorm. Friedr. Bayker & Co., of Elberfeld, have by a new process of manufacture greatly diminished the cost of the remedy, this obstacle to its employment in doses sufficiently large to exert medicinal effects no longer is encountered.

Extract from The Corpuscle, the official organ of the Alumni Association of the Rush Medical College:—We invite attention to the advertisement of the Physicians' Mutual Manufacturing Company of Chicago. This company was organized two years ago to manufacture and sell direct to the physicians for cash, its object, being to supply pure and accurate prescriptions with full amount of drug and pure drug in everything they make, that the physician can always rely on effect. As they reserve no profit for druggists, traveling men, or bad debts, they can afford to sell very close. They have stockholders in every State, and their goods are guaranteed satisfactory or money refunded. Give them a trial. They sell quinine in tablets, at 40 cents per ounce, and make up anything listed by other manufacturers at about 25 per cent. less than their prices. Their private formula department is always crowded with orders, and they are pleased to quote prices on any formula made in tablets and can furnish them promptly.—PHYSICIANS' MUTUAL MANUFACTURING CO., 358 Dearborn St., Chicago, Ill.

GULF, COLORADO & SANTA FE RAILWAY CO.,
PASSENGER DEPARTMENT,
GALVESTON, TEXAS, APRIL 16, 1894.

To the Physicians of Texas:

The American Medical Association will hold their annual meeting at San Francisco, commencing June 4, 1894. The trustees of the Association have selected the "Santa Fe Route" as the Association Route, and will have a special train, consisting of Pullman Palace Sleepers, leaving Chicago May 28th, going via A., T. & S. F. R. R., Colorado Midland R. R., Rio Grande-Western R. R. and Southern Pacific Railway to San Francisco; returning via Southern Pacific Railway, Northern Pacific R. R. and C., M. & St. P. R'y to Chicago. The following is the itinerary of the trip:

"Leave Chicago via 'Santa Fe Route,' on afternoon of May 28, arriving at Colorado Springs 8 a. m., May 30, remaining here until 1 p. m., visiting the Springs, Manitou and The Garden of

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THE NEW ANTIPYRETICS.

As the season is approaching when it is reasonable to expect there may be more or less of *la Grippe* or Influenza, which prevailed in this country several years ago, *we desire to call the attention of the Profession to the compressed form for administering the following remedies*, insuring immediate therapeutic results, the COMPRESSED TABLET being much more readily soluble than the ordinary pill, with greater convenience and absolute exactness.

The large number of these COMPRESSED TABLETS which we have sold, has proven the efficiency of these remedies, as well as the great favor with which our process of compression has been received by the medical profession.

The absence of any excipient,—the Tablet consisting merely of the dry powder compressed—must commend itself to the physician; resulting in the rapid disintegration and assimilation by the system, which is not possible with the ordinary pill, prepared by means of gum or some other excipient, which hardens the mass and prevents rapid solubility.

The following comprise the remedies of this character which we are prepared to supply:

ANTIPYRINE, 1, 2, 3, 5 and 10 Grains.

ANTIPYRINE and QUININE.

(Antipyrine 2 grains, Quinia Sulph. 2 grains.)

ANTIPYRINE and SALICYLATE of SODA.

(Antipyrine 2 grains, Salicylate of Soda 2 grains.)

ACETANILID, 1, 2, 2 1-2, 3, 4, 5, and 10 Grains.

ACETANILID COMPOUND (Dr. Aulde's), 1-2 Grain.

(Acetanilide 7-20 grain, Caffeine 1-20 grain, Soda Bicarb. C. P., 1-10 grain.)

ALSO, 2 AND 5 GRAIN TABLETS OF THE SAME FORMULA.

ANALGESINE.

Acetanilide 3 grs., Chloride of Ammon. 1 gr., Citrate of Caffeine ½ gr., Bicarb. Sodium ½ gr.

ACETANILID and SALOL, 2 1-2 Grains of Each.

ANTIFEBRIN, 2, 3 and 5 Grains.

ANTIFEBRIN and CHOCOLATE.

(Antifebrin 5 grs., Sweet Chocolate 10 grs.)

PHENACETINE, 1-2, 1, 2, 3, 5 and 10 Grains.

PHENACETINE and CAFFEINE.

(Phenacetine 3 grs., Citrate Caffeine 1½ grs.)

PHENACETINE and SALOL.

(Phenacetine 2½ grs., Salol 2½ grs.)

A paper, embodying a number of formulæ as prescribed with marked success in both hospital and private practice in different phases of *la Grippe*, giving in detail the chemistry of all the ANTIPYRETICS and other remedial agents now being largely prescribed by our most eminent practitioners, for the prevailing disease, will be sent on application.

JOHN WYETH & BROTHER, Philadelphia.

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the Gods; arrive at Denver 4 p. m., May 30. At Denver a reception will be given by the Colorado Medical Society. Leave Denver early on the morning of the 31st, having a daylight ride through the heart of the Rockies to Glenwood Springs, at which point a stop of several hours will be made. Here are located the famous hot baths and bathing pools of Colorado. Leave Glenwood Springs that night, arriving at Salt Lake City on the morning of June 1st, remaining in this interesting city all day. Leave Salt Lake City that night, running directly through to San Francisco, arriving on the morning of June 3d, one day before the Association convenes. This early start is made to provide against any contingency by reason of delay or otherwise, as also to give one extra day en route that may be used in case the party selects to remain at any one point longer than provided for in this itinerary.

"After adjournment of the Association the train will pass through Sacramento and Northern California to Portland via Shasta Route, thence east via the Northern Pacific Railroad to St. Paul and the C., M. & St. P. R'y to Chicago. A stopover at Yellow Stone National Park, for those who desire it, has been arranged, and it is understood that short stops will be made at several places of interest on the return trip.

"President Hibberd and party will join the train at Chicago, and the St. Louis delegation at Kansas City."

As the Association Route, returning, will not be convenient for the Texas doctors, return tickets can be purchased via the Southern Pacific to Mojave, Atlantic & Pacific R. R. to Albuquerque, and the "Santa Fe Route" to Texas. This route is known as "The Grand Cañon Line of the Santa Fe Route," leading through that portion of Arizona which has become famous by reason of the Cliff Dwellers, the Grand Canon of the Colorado, Chalcedony Forest, and the San Francisco Mountains. The points of interest named can be easily reached from Flagstaff, Arizona, at which point, as well as all other points on the A. & P. R. R., stopovers will be allowed within limit of the ticket.

RATES:

From Texas points, rates will be $66.50 going via the Association Route, as outlined, and returning through Southern California via Mojave and Albuquerque.

The rate for the route returning via St. Paul and Chicago will be considerably higher than the rate above quoted.

The G., C. & S. F. expect to start special Pullman Sleepers from Galveston on morning of May 28, to connect with the Association's Special Train at Newton, Kansas, May 29, running through to San Francisco.

It is specially requested that those desiring to make this trip from Texas, will communicate with the undersigned as early as possible with regard to further information as to rates and routes, as also for reservation of sleeper accommodations.

W. A. TULEY,
T. P. A., Dallas, Texas.

W. S. KEENAN,
G. P. A. Galveston, Texas.

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TEXAS MEDICAL JOURNAL.

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Original Contributions.

For Texas Medical Journal.

REPORT OF PARASITIC ENTOZOA ENCOUNTERED IN GENERAL PRACTICE IN TEXAS DURING OVER FORTY YEARS.

BY F. HERFF, M. D., SAM ANTONIO, TEXAS.

[Read before the Texas State Medical Association at Austin, April 26, 1894.]

IN ANSWER to a request from the chairman of the Section on Microscopy and Pathology that Dr. Herff should place on record before the Section the results of his very wide opportunities for observation in relation to the parasites encountered in his long and honorable career in medicine in the western portion of this State, Dr. Herff replied as follows:

It is with bad conscience that I answer your kind letter written to me several weeks ago. From its contents, as well as from the courteous and polite manner you address me, it ought to have been answered immediately. I tender you my sincere apologies, and have no other excuse to offer for my remissness than my bad health, and a crippled hand (caused by a wound during an operation), which made writing very difficult for me. I hardly think I can go to Austin; but if you have any use for my helminthological cases, I will send you a short abstract of them in this letter. You may use it as you think proper, and if not acceptable, throw it into the waste-basket.

During my practice in San Antonio I have observed the following intestinal and muscular entozoa:

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1. *Tænia mediocanellata* is the most common of all, so much so that in some localities it occurs in nearly every family. Strange to say, I have never encountered the cysticercus of this species in beef or veal, nor yet in man. Perhaps I did not devote enough time to find it, but it must undoubtedly be very rare or very much scattered over the infected animals. Otherwise I would certainly have met with it, as I did very often with the cysticercus of the tænia solium in the pig.

2. *Tænia solium* is also very common, principally in the German settlements. The cysticercus is very often met in the pork. I will remark that I have frequently met with living and moving scolices of tænia in well-water, and am confident they were introduced into the wells by contamination from privies or by carelessly cleaning chamber vessels near the well. Wherever such scolices were found, one or several members of the family had tænia, which in some instances was discovered in consequence of the finding of the scolices in the well.

3. *Bothriocephalus latus* I have found only about twelve times, and do not believe that the animal is indigenous to Texas. The majority of the specimens found occurred in Poles and Swiss who had undoubtedly imported the parasite. I believe, however, that it must be indigenous in Mexico, as I have seen two cases in persons coming from the other side of the Rio Grande.

4. *Tænia echinococcus* is a common parasite among the dogs of this district; I have found it in all the dogs I have dissected for one or another reason. It is a very common parasite in the muscles and liver of the jack-rabbit, so much so that many persons abstain from eating its meat altogether. It is also not uncommon in the human body, a curious fact in comparison with the absence of the cysticercus. I have found it three times in the liver, once in the extensor muscles of the thigh (or rather between them), once in the kidney and bladder, and once in the bulb of the eye. All these cases were verified by the discovery of the hooklets. One case of liver echinococcus healed spontaneously, after vomiting and evacuating per anum a great many cysts; two cases were operated upon, of whom one died because of the carelessness of the nurse, who administered, by mistake, pure carbolic acid instead of castor oil, ten days after the operation. The case of echinococcus in the leg recovered. The amount of cysts in all these cases was very great, at least from one to two quarts of cysts being found in each case. The echinococcus of the bulb was discovered by accident, in an eye

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which I enucleated for panophthalmitis threatening the other eye. The parasite filled the bulbus, and was easily recognized by the hooklets. I do not know that echinococcus has, before this, been described as occurring in the eye; while cysticercus is not very uncommon in the eye in some parts of Germany.

5. *Trichina spiralis* I have found in eighteen persons belonging to five families. In all cases the infected meat was examined and trichinæ found. In one case, I extracted muscular trichinæ with the harpoon of Duchesne, from the forearm of a girl. In another instance the infected animal was a bear, killed near Bandera, by some hunters who had trichinosis afterwards. Here also the meat was examined, and the trichinæ found. Most remarkably, there was no death in all the eighteen cases, although some of them came very near dying. A few cases were very light, and presented only slight facial œdema and muscular pains. If one considers the great fatality of trichinosis in Europe, the demand for a reason for the difference naturally occurs; I believe it is to be explained by the condition of the encapsulated trichniæ of the pork. In Europe, hogs are very often allowed to reach an age of two or three years before they are killed; moreover, they are nearly always stall-fed, under which circumstances the opportunity to acquire the trichinæ from the rat is given at an early age. Consequently, the trichinæ are nearly always surrounded by a calcareous shell, and are nearly indestructible. In Texas, the pigs run wild during the first six months, and can only acquire trichinæ during the few weeks they are fed in the pig-sty. At the age of ten months, the most of them are butchered; consequently their trichinæ, should they have any, are not surrounded as yet by as resistant or as calcareous shells as in the former case, and are much more easily destroyed by salting or cooking. In fact, among all the trichinæ I have found in pork in Texas, I have never yet met one with a calcified shell.

6. *Ascaris lumbricoides* is seen very frequently, but by no means as commonly as in other countries; it scarcely ever causes any disturbances of any consequence. It is said to be quite common among the negroes, but this I am not able to confirm from personal observation.

7. *Trichocephalus dispar* I have never met with in Texas, probably because the parasite never causes much trouble.

8. *Anchylostomum duodenale* I believe I have found at a post-mortem examination of the body of a Mexican lady who died from anæmia and chronic dysentery. She had been sick for

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several years, and always insisted that she had occasionally small worms, a statement which was disbelieved, as no one but she had seen them. In her duodenum, embedded in bloody mucus, I found a large number of worms, not much longer than three-fourths of an inch, which I then believed (thirty year ago), in my ignorance, to be young ascarides. I have encountered several cases since then, in Italians, presenting the same train of symptoms; but none of these cases died, and it was impossible to verify the diagnosis of anchylostoma, as the worm is hardly ever met in the stools. I believe, however, that these were instances of parasitism hy anchylostoma, and I feel convinced on reflection that the worms found in the duodenum of the first case were really specimens of this entozoon.

9. I have met with a peculiar form of hæmaturia without renal or vesical pain, with great weakness and cachexia, and with slight œdema of the face, and I have thought that perhaps these cases were due to the presence of the *Bilharzia hæmatobium* (*distomum Bilharzii*). Undoubtedly, the cases were neither chronic Bright's disease nor acute nephritis, nor malarial hæmaturia, and all recovered after six or eight weeks' illness. I examined the urine for the eggs of the distomum, but never found any, which, however, might be accounted for by my want of experience with the parasite. It is said the disease is not uncommon on the Rio Grande, and is treated successfully there by the administration of an infusion of *oci de lé*, an herb which properly belongs to the fanily of the *compositæ*. I have procured it from Mexico, and used it successfully in my cases.

10. I have several times met with cases of *elephantiasis scroti*, *clitoridis*, and *femoris*, and as that affection seems to be connected with the existence in the body of the *filariä sanguinis hominis*, I suspect that that parasite is also to be met with in Texas. I have never, however, recognized the entozoon, nor have I ever seen a case of chyluria, which is said to be caused by it.

For Texas Medical Journal.

SYPHILITIC EPIDIDYMITIS.

BY GEO. W. DAVIS, M. D.,
Professor of Genito-Urinary, Venereal and Skin diseases, University Medical College, Kansas City, Mo.

PETER S., age 26, single, laborer, born in Germany, has always been healthy. Negative history of injury, and denial of previous venereal trouble. No evidence of lung disease.

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In the early part of last October, he noticed an ulcer on the dorsal surface of the prepuce, which was diagnosed and treated as a chancre. About one month after the first appearance of the sore, patient accidently discovered a small lump just above the left testis.

Previous to my attention being called to the case, he was seen by several physicians, and the enlargement pronounced a "malignant growth;" and then again it was supposed that it might be a hernia from omental protrusion.

February 16, about four months after the first appearance of the preputial ulcer, the patient came under my observation. On examination, I noticed the cicatrix of the ulcer, papulo-pustular eruptions, enlarged gland at the angle of the jaw, alopecia, headache, and the symptoms of secondary syphilis, generally. On examining the testes, found them normal, but discovered in the region of the globus major of the left epididymis, and in fact involving all of the epididymis and extending along the cord to the pubic bone, an enlargement, indurated and almost catilaginous to the feel.

As near as could be determined, this enlargement was about three and a half inches long by one inch in width, and obviously not attached to the pubic bone, but seemingly nearly filling the opening of the external abdominal ring. This swelling was indolent, and only a slight amount of pain was caused by manipulation. Rectal examination showed some tenderness.

Placed the patient on anti-syphilitic treatment, pil. hydrarg., gr. i, three times daily, and eleven days from the commencement of this treatment was gratified to find the tumor much smaller and the veins more distinct.

Regarding the local treatment as unnecessary, I yet occasionally applied ung. hydrarg., to amuse the patient and quiet his imagination.

Recently the swelling was examined, and found to have disappeared almost entirely, the result of treatment thus confirming the diagnosis.

Syphilitic epididymitis was first described in 1863, by Dron, of France. The literature of the subject is limited, and not altogether satisfactory. The best authorities speak of the disease as of rare occurrence, and unanimously state that it does not soften or show signs of degeneration. This fact is controverted (so far as I am aware) in only one instance, and that by a case reported in the *New York Medical Record* for 1877, page 194.

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The history there given is not, to my mind, proof conclusive that the case was one of syphilitic epididymitis, but probably gonorrhœal epididymitis occurring in a syphilitic subject, as the recorded facts show the patient with tight urethral stricture complicated by urinary retention and two attacks of gonorrhœal epididymitis, before he became syphilitic. This is the only record I can find of a reported autopsy.

The case I have reported is one of exceptional interest. In the examination of several hundred cases of scrotal tumors, I have never met one like it. The special features are its affecting only one side, while both sides usually are involved; its large size; but most remarkable of all, was its involving the cord. This exception is rare indeed, and only a single reference is all I can find of such an involvement.

For Texas Medical Journal.

GASTRO-HYSTEROPEXY AS A SAFE AND RELIABLE MEANS OF CORRECTING PROLAPSUS AND RETRO-DISPLACEMENTS OF THE UTERUS.

BY YOUNG H. BOND, M. D., ST. LOUIS, MO.,

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BY FAR the most frequent displacements to which the uterus is liable are the downward and backward, viz.: the various degrees of prolapsus, retroversion and retroflexion. But few, if any, troubles in the entire field of gynecology impose more of suffering and misery than is entailed by the inflammatory consequences of these affections. The reflex disturbances and the general ill-health that usually follow, often lead to melancholia, hysteria, and even more pronounced insanity. In many instances the physical health is wrecked, and the functions of the various systems of the body are so perverted as to lead to a condition of general impairment of nutrition which predisposes to the activity of any inherited tendency to disease.

I should like to emphasize the significance of the phrase "inflammatory consequences" in this connection, for it is to these that symptoms are chiefly due; for example, pelvic peritonitis with adhesions, binding the uterus, ovaries, fallopian tubes and sometimes the bladder in unnatural positions; ovaritis and sal-

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pingitis terminating in cystic or pus formations; endometritis, cystitis, chronic constipation, etc. I am aware that these conditions sometimes predispose to, or bring about the displacements in question, but I am satisfied that in very many instances they stand in the relation of cause rather than of effect; and I am convinced from ante-mortem observations that the generally accepted idea that pelvic peritonitis, with its train of evils, is almost uniformly due to salpingitis incident to endometritis, is an error; that in reality its most frequent cause, apart from post-partum sepsis, is the pressure and consequent disturbed circulation, friction, etc., of the retroposed uterus.

I shall not presume, before this intelligent audience, to make anything like a systematic and complete presentation of the history, etiology, symptoms, physical signs and treatment of these affections; such an exposition would be appropriate before a class of students or adapted to the ends of a text-book. The purpose that I have in view in presenting this paper is to emphasize a pathological and etiological condition shared by all of these affections in their initial departure, from which proceeds a common and major principle of treatment. However, the fact should not be lost sight of that the individual affections call for special means in addition to the principle of treatment common to them all.

In order that I may make myself understood, it will be necessary that I recall to your attention the fact that in the erect posture the pelvis is placed so obliquely with reference to the trunk that the axis of its inlet is represented by a line drawn from the umbilicus to the middle of the coccyx. Now, as you know, the axis of the uterus corresponds with that of the pelvic inlet; hence, the normal position of the uterus is such that the force of intra-abdominal pressure, which is perpendicular, falls upon its posterior surface, and operates not only from above but from behind. Temporary departures from this relation of the position of the uterus and the direction of intra-abdominal pressure are constantly occurring, but they are only temporary, and therefore physiological.

Any permanent deviation from their normal relation becomes at once the prominent determining etiological factor in the production of either a prolapsus, a retroversion or a retroflexion, and the particular displacement is determined by the condition or state of integrity possessed by the suspensory supports, namely:

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the long, the broad and the utero-sacral ligaments, together with the restraining supports or pelvic floor.

Now it can be appreciated that however prominent a part may be played by a breach in the pelvic floor, or by impaired suspensory supports, in predisposing to and determining the character of the displacement, yet the salient fact remains that they are but contributory agencies in their accomplishment; they determine the direction of retreat of the uterus from the cause operating above, viz.: intra-abdominal pressure. For example, if of the suspensory supports the round ligaments be alone principally elongated, and the walls of the uterus not wanting in tonicity, we will have retroversion. If to a similar state of the suspensory supports be superadded a flabby condition of the uterine walls, then we will have retroversion plus retroflexion. If the round, the broad and the utero-sacral ligaments be elongated and the integrity of the pelvic floor is wanting, we will have prolapsus.

It will be perceived that under normal circumstances the force of intra-abdominal pressure falling upon the posterior surface of the uterus, acts as an agent in maintaining the proper position of the uterus by forcing it in a direction in which descent is physically impossible; but under other circumstances it becomes the essential displacing factor. The round ligaments might be elongated, but if in spite of this circumstance the uterus did not become retroposed, so as to permit other than its posterior surface to receive the force of intra-abdominal pressure, we should not have retroversion. If the walls of the uterus were ever so flabby, they would not bend appreciably, were it not for intra-abdominal pressure. Were it not for the same pressure, lacerations of the pelvic floor would not result in loss of resiliency of the suspensory supports and consequent prolapsus.

Then the keystone in the arch of all these affections is found to be the same, viz., altered relation of the force of intra-abdominal pressure and that uterine surface to which it should be applied. The first step in prolapsus, as respects the altered position of the uterus, is a movement of the fundus backwards, and the same is true of retroversion and of retroflexion, so that it must be apparent that defects in the uterine supports operate indirectly in accomplishing the displacements in question and directly in determining their character. They permit a force which, under normal circumstances, serves to maintain the uterus in its proper position, to become the chief factor in the production of its displacement.

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In dealing with aggravated cases of distortions, such as fall within the purpose of this paper, we have very largely lost sight of this, the central idea that should engage us in our methods of treatment. For, however we may seek to redress imperfections of the supports, and repair lacerations of the pelvic floor, if we fall short of placing the uterus in such a position as respects intra-abdominal pressure as to cause it to cease to be an element in the production of displacement, we utterly fail to obtain satisfactory and enduring results; since it is only a question of time when the gathered-up tissues of a colporrhaphy, perineorrhaphy, etc., will have yielded to the steadily continued downward intra-abdominal pressure. Experience has amply proven this observation, and the explanation of the fact is found in the circumstance that I have sought to make clear.

DIAGNOSIS.

To the end that treatment of these affections may be successful, it is a matter of prime and paramount importance that we should be able to make a reliable diagnosis. The gynecologist that is in the habit of proving his diagnosis through laparatomy work, if he uses the proper means and methods of physical exploration of the pelvic organs, will soon become so proficient that he can safely venture upon a positive diagnosis in fully 95 per cent of his cases.

By method and means of investigation, I mean, that the patient having been thoroughly anæsthetized, must be placed in the dorsal position, with the limbs well flexed upon the body, so as to cause the sacral curve to be brought well to the front, to the end that the axis of the pelvic cavity will conform as nearly as possible to that of the trunk. By this means the space between the fingers of the right hand that are in the vagina and rectum, and those of the left hand that are buried through the abdominal muscles above the symphisis, will be materially lessened, so that each organ of the pelvis can be clearly outlined, and its form, position, consistency, mobility, etc., readily determined. I usually employ the index finger in the vagina, and the middle finger in the rectum simultaneously. The greater amount of information is obtained through the rectum.

TREATMENT.

The retroversion pessary finds its useful application in those cases of retroversion and retroflexion in which the uterus is not bound down by peritoneal adhesions; in which the ovaries are

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not prolapsed, and as is often the case, incarcerated in the cul-de-sac of Douglas; and in those in which the displacement has not lasted so long that the round ligaments and other supports have lost all power of regaining their resiliency. In such cases, having first relieved complicating conditions, such as laceration of the cervix, tears of the perineum, etc., we can by the patient and judicious use of the intra-vaginal or Smith-Hodge pessary accomplish much for the relief of our patients, and recognizing the fact that the displacements usually manifest themselves after parturition, it becomes the imperative duty of the obstetrician, to make a careful physical exploration of the pelvic organs within eight or ten weeks after accouchment, with a view to correct, in the manner indicated, any altered position of the uterus that may be discovered. For, at that period the displacement, as a rule, has not produced inflammatory results which would negative the use of the pessary; since such cases generally remain uncomplicated for a variable period of time, often months, save possibly by the results of subinvolution.

The condition and results of treatment are far different when the displaced organ or associated pathological state has produced pelvic peritonitis, the adhesive products of which have fastened the uterus, and possibly the ovaries, in varying relations to each other in the cul-de-sac of Douglas, with possibly suppurative results: so also are they different when the suspensory supports, from long continued traction, have become so attenuated as to be practically paralyzed. Just as we are able to destroy the tendency of rubber to contract by overstretching, so likewise do the suspensory supports lose their function.

Prolapsus in the first degree can usually be corrected by the use of the pessary, after complicating conditions have been relieved, such as hypertrophy, elongation or lacerations of the cervix, or tears of the pelvic floor; but let the case beecome once well established, as is represented in the remaining degrees of prolapsus, and we have a condition of things represented by stretched paralyzed suspensory supports; the cellular tissue is without elasticity, the muscles of the pelvic floor, if not torn, are atrophied, and often have undergone fatty degeneration. Under such circumstances, with the conditions recounted, it is idle, nay more, it is foolish, to expect anything like complete and satisfactory results from the methods of treatment usually pursued.

In the case of the adherent retroposed uterus, pessaries are in-

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applicable, and forcible breaking up of the adhesions, after the method of Schultz, through the uterine cavity, is dangerous and often ineffectual; in fact, all attempts to replace or otherwise interfere with a uterus that is bound down in its displaced position by adhesions, other than through intra-abdominal procedure, is dangerous, and to be condemned, for the reason that absolutely correct knowledge of the pathological conditions cannot always be ascertained, and in consequence we may unconsciously compromise the life of a patient by causing the contents of a pus sac to be liberated into the peritoneal cavity; and further, it is a blind procedure, lacking all the elements of precision necessary to reliable and good ends. Here it is that a method of treatment presents itself which in the hands of the clean and skilled surgeon is both safe and efficient. I allude to hysteropexy, which, as you know, means literally a fixing of the uterus, and is applied to those procedures that have for their purpose the maintenance of the fundus of the uterus in connection with the anterior abdominal wall.

The methods in practicing hysteropexy pursued by operators thus far, differ in many particulars; the operation has been practiced scarcely long enough to enable us to decide positively, which is the most desirable method, and yet long enough to permit us to pronounce quite confidently upon its worth. Through it, in a sure and reliable manner, we place the uterus so that its posterior surface is opposed to intra-abdominal pressure, which, as previously stated, acts from above and behind in such a manner as to assist in maintaining the proper position of the uterus. We thus supply the keystone to the arch of uterine retension, without which, in no uniformly reliable manner, can the damaged pillars of support be made adequate to their requirements. It is astonishing how small a measure of force is necessary to keep the uterus anteposed when anchored ever so slenderly in its proper place.

HYSTEROPEXY.—The general precautions pertaining to a cœliotomy having been observed, the opening through the abdominal wall is made as low down as practicable, and no larger than necessary to admit of efficient and expeditious work. The patient is placed in Trendelenberg's position, by means of which the pelvis is freed of the confusing presence of intestines and omentum, and they are spared the injury of unnecessary manipulation. The walls of the incision are held outward and apart to admit of as free inspection of the pelvic organs as possible. Par-

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enthetically I will say, that the advantages in this direction are very great in subjects with thin abdominal walls, and the reverse if heavily loaded with adipose tissue. Our manipulations in the abdomen are also facilitated or retarded by these conditions. By means of inspection and the sense of touch accurate knowledge of the conditions and relations of the pelvic structures is obtained. If adhesions exist, they are broken up by means of the index and middle fingers; the ovaries and fallopian tubes are brought up to the abdominal opening and carefully inspected, and if found to be seriously diseased they are removed, otherwise not. Small ovarian cysts are treated by clipping off a portion of the cyst wall. The fact that the organs are found adherent is not in itself, sufficient justification for their removal. Next, the uterus having been lifted to the front, it is seized through its fundus with a double tenaculum and held by an assistant in such relation to the abdominal wound that the operator can readily pass a curved needle threaded with a heavy chromicised catgut suture through all the tissues of abdominal wall, except the skin, embracing sufficient of them to secure a firm hold, then through the anterior and upper portions of the fundus, and out similarly through the abdominal wall at the opposite side of the incision. The tenaculum is now removed, and the assistant takes the catgut suture in its stead. The abdominal wound is then closed by interrupted suture in the usual manner, with this difference: that the catgut suture that has transfixed the uterus is tied before, but not until the abdominal suture in closest relation to it has been drawn upon, so as to approximate the peritoneal surfaces. The tying of this last abdominal suture draws the skin over the catgut suture and thus buries it. This has been my method of operation, and the results have been uniformly good. In not a single instance has the uterus failed to remain in the position in which it was placed, and the outcome, so far as the restoration of the general health is concerned, has been all that could be expected, and in many instances signally excellent. It has been the custom of some operators to abrade the anterior surface of the uterus, with the view of producing extensive peritoneal adhesions; of others to transfix the uterus with many sutures, and pass the same through all the structures of the abdominal wall, using as a rule silk-worm gut. I think that a larger experience will demonstrate that such extra precautions are unnecessary.

It may be asked by some one, why not do Alexander's opera-

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tion for the relief of these affections? The fact of the matter is that Alexander's operation has a very limited field of utility; it is entirely inapplicable to cases of adherent uteri, or where the adnexa are diseased. It will accomplish scarcely more than a properly adjusted pessary when the round ligaments have not become permanently paralyzed; it will accomplish nothing when they have become so, for they are then merely greatly attenuated chords, often very difficult to find. The element of danger as respects hysteropexy is great, or almost nil, according as the operator is wanting in proper antiseptic precautions and pathological knowledge or the reverse. In the one case the patients usually die very promptly, in the other they are scarcely conscious of discomfort after the expiration of the twenty-four hours following the operation.

The query may come to you, what will be the result in the event of pregnancy following hysteropexy? Our experience in this respect has been limited, but not altogether untoward. I believe that the use of a suture such as catgut, that undergoes absorption, will be conducive to good results in this direction.

REPORTS OF CASES.

During the year just passed very few weeks have elapsed that I have not practiced hysteropexy in one or more cases, in connection usually with other surgical procedures, for such cases as call for this operation are usually complicated. So far I have had no deaths, and as yet the uterus remains as placed in every case. It is true that the length of time that has passed is not very great, yet it is more than sufficient for the institution of the initial steps of displacement, the scheme of which, together with the results to other operators, justify a sense of assurance as to the ultimate outcome. I will not tax your patience by impressing upon you numerous and extended reports of cases. I shall merely ask your attention to such as exemplify a principle of treatment.

The first case that I will report is that of Mrs. F. age 32 years, married, the mother of four children; ill health dates from a confinement five years previous to the time of consulting me in the early part of September, 1893. Her general health was horribly impaired: weight 105 pounds; suffering more or less all the time; utterly incapacitated for any duty. Physical exploration revealed an irregular mass in the cul-de-sac. Diagnosis: retroflexed and abherent uterus, in connection with pro-

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lapsed adherent and suppurating ovaries. Operation on 27th of September, 1893. Adhesions broken up with great difficulty. Material assistance to this end was rendered by Dr. B. M. Hypes, who elevated the parts by pushing with his fingers in the posterior fornix of the vagina. Ovaries and tubes removed and the uterus fastened to the anterior abdominal wall after the manner previously described. Patient made a good and prompt recovery. Weight now 137 pounds, ruddy complexion, magnificent spirits. Examination of the uterus made a short time since finds it in normal position, all pelvic induration gone, and seemingly the usual degree of mobility of the parts.

Case 2. As illustrative of the conservative possibilities from hysteropexy, I report the following:

Mrs. G., aged 27, married, the mother of three children, consulted me on February 1st, 1894; general health greatly impaired, dating from last confinement two years previous. Diagnosis: Uterus retroverted and bound down by adhesions; ovaries cystic, prolapsed, and adherent. Operation on February 19, 1894. Adhesions broken up, one ovary removed, uterus approximated to the anterior abdominal wall as before. Prompt recovery. Uterus in proper position at the present time. General health completely restored.

Case 3. Multiple operations at one sitting. Mrs. L., aged 31, married; one child; ill health dates from its birth, about three years ago. General health greatly impaired; suffering constantly with pain in the back, down the limbs, and a sense of downward pressure in the pelvis. Diagnosis: Laceration of the perineum, laceration of the cervix, prolapsus of the uterus and cystic ovaries. Chloroformed March 12, 1894, at which time was done a double trachelorraphy, a perineorraphy, also one ovary was removed, the other treated by snipping off a portion of the cyst walls, and the uterus approximated to the abdominal wall in the usual manner. Length of time under the anæsthetic less than one hour. Her recovery has been uninterrupted. The uterus at the present writing remains as adjusted.

Case 4. Mrs. W., aged 38, mother of four children, fleshy; complains of constant pain in the region of the sacrum, very nervous and frequently melancholic. Diagnosis: Retroflexed and adherent uterus, ovaries propalsed and adherent in the cul-de-sac under the uterus. Operation February 23, 1894. Adhesions broken up, no structures removed, and uterus approximated as in other cases. Result, recovery. A recent examina

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tion of the patient reveals the parts in good condition and mobility measurably restored. The ovaries did not prolapse after the uterus was brought to the front.

Case 5. Mrs. R., aged 39, mother of three children, consulted me in January, 1893; general health completely wrecked. Her features and expression were those of an old woman shrivelled by age; mental faculties so disturbed as to make her almost irresponsible most of the time; decidedly melancholic. Diagnosis: Retroflexed and adherent uterus, prolapsed and suppurating ovaries, also adherent; pachy-salpingitis. Operation February 12, 1893. Adhesions broken up, diseased structures removed, and uterus fastened to the abdominal wall after the manner practiced by me. Result, complete recovery; general health, mentally and bodily, thoroughly restored. One who had seen the patient just prior to the operation would scarcely recognize her to-day as being the same person, for she is now the picture of health, having gained fully forty pounds of flesh. The uterus still remains in proper position.

It is my custom to curette the uterus almost invariably before performing hysteropexy, for the reason that endometritis is generally an accompaniment of chronic displacement.

For Texas Medical Journal.

ANTIPYRETICS.

BY DR. W. A. ARCHER, OF HOUSTON, TEXAS.

Read before Houston Medical Society.

MR. CHAIRMAN AND GENTLEMEN:—Appointed your essayist for this evening, I present, for your consideration, the subject—Antipyretics.

Antipyretics are agents by which we are enabled to reduce the temperature of a patient who is in a state of pyrexia; i. e., whose temperature is above the normal. They may be divided into two great classes: Those that are taken internally and by acting through the system produce a defervescence, and those that cause the dissipation of heat by applications to the surface.

I propose to-night to confine my remarks to the former class with one exception, to be hereafter noted.

Only a few years ago, comparatively, it was announced that a substance had been discovered, or prepared, which, if given to a person with fever, would cause a rapid decline of the fever.

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The oldest members of the profession, present, remember the incredulity at first, and afterwards the astonishment which took possession of the professional mind when Knorr's Antipyrin was first introduced and its properties demonstrated—coming in the guise of quackery, a proprietory preparation—it was eyed askance, but forced notice of its presence by its undoubted effects, and was soon accepted by all classes of the profession, as the "supplying of the long-felt want" of how to control and modify fever. The great body of the profession was delighted; considered it one of the greatest advances that had ever been made in medicine.

Quickly, investigators presented other substances with similar properties, many of which were found too dangerous or uncontrollable to use. Some were found to be failures and some frauds, until the chief ones that have survived the crucible tests of experience, are the original Antipyrin, Phenacetine, and Acetanilide, called at first Antifebrin. These are about all that are extensively used at this time.

There is a new candidate for favor just now, called Guaiacol, which acts by making local applications to circumscribed portions of the surface of the body; said to be non-poisonous and very effective. Thirty drops rubbed upon the surface of the body are said to be sufficient to reduce the temperature in fever, to, or near, the normal. Too large doses produce subnormal temperature, and are not to be used. These statements, endorsed by Da Costa, *must* have attention from the profession. This is the exception mentioned above in the division of Antipyretics into external and internal.

Now let us see how they have fulfilled the promises held out at the time of their introduction.

Two theories have been advanced to account for high temperatures in the body. They are, that the heat processes of the body are over-estimulated, and that an excess of heat is generated and so heats the patient above the normal. The other, that no more heat is generated in the body, but that the processes by which the heat is dissipated, are interrupted and so the heat accumulates. Each has its advocates and they base therapeutics upon their theories. Neither has been able to prove the theory advocated, and the truth is probably a mixture of the two theories, with most of the causation of fever depending upon the theory of excessive heat production. How the internal Antipyretics act to dissipate this heat has not been determined, but it has been found that their action is evanescent, and in the large majority

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of cases ultimately injurious. It is very alluring to the physician, the knowing that with a few doses of an Antipyretic he can "cool dowu" a fever and make the patient and his friends glad that it is gone.

But, alas, the fever will surely return, and instead of being better, your patient is worse than before. The disease is more thoroughly fastened upon him,—his power of resistance is lessened,—the crasis of the blood is lowered. The time which should have been spent in correcting the perverted action of the depurating and eliminative apparatus has been lost, while the depraving processes of the disease have continued to act, not only unchecked, but actually assisted in their attack upon the constitution of the patient, by the lowering effects of the antipyretic. Therefore I say that in fevers *generally* it is best to avoid the extensive use of the internal antipyretics. However, sometimes there are fevers of an extremely intense grade, where the effects of the hyperpyrexia are destructive and threatening *per se*, and do not give time for remedies to produce their effects. Then, the antipyretic comes as a veritable godsend—it reduces the temperature, which is the subject most urgent, and thus affords time to meet other indications. Here is probably the most important application of antipyretics, *as* antipyretics—I say *as* antipyretics, because of the fact that these remedies have another and most striking set of properties, besides their effects as antipyretics, strictly. They act as analgesics, and *these* properties have caused them to be abused even more than their antipyretic properties have. The profession was as much astonished by the discovery of their analgesic effects as it had been by their first discovery. These powers were heralded abroad by the press, both sectarian and non-sectarian, till the laity became acquainted with them to a very large extent, and the consumption of them without professional advice has become something enormous. Quackery came foward and appropriated them, and now rings the changes upon various combinations of them with the various algias, headache cures, and the like. Many physicians have been beguiled into lending their aid in popularizing the use of these proprietary preparations, so that now every newly graduated pharmacy student is ambitious of getting up and disseminating some *so-called harmless* panacea and pain reliever with a high-sounding name. Druggists, manufacturing, wholesale and retail, are forming their stock-companies to make these nostrums, and are overwhelming the physicians with their importunities to prescribe

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their preparations, each claiming that his preparation is not a mere mixture but is a scientifically made chemical combination. They are generally made by mixing together caffeine, soda and acetanilide (on account of its cheapness).

They are all injurious in many cases, and their indiscriminate use should be prevented as far as possible.

Antipyretics are exceedingly valuable as analgesics, but their use should be restricted to suitable cases selected by the physician, and the limits to their use carefully indicated. Sometimes when they are indicated, a change from one to another is followed by good results. Too much use of these remedies will produce anæmias and cachexsias, which are dangerous to pregnant women and probably injurious to the fœtus. Besides, they probably predispose to post partem hemorrhage and exercise other direct and remote deleterious effects upon the pregnant and parturient woman; so, should be prescribed for such patients with much reserve.

To sum up, then, Antipyretics are an exceedingly valuable acquisition to therapeutics, but should be used only upon clear indications, with care to suspend their use promptly as soon as their objects are accomplished, or when they begin to produce deleterious results, whether the objects aimed at are accomplished or not. When used with these limitations they will not be such a *doubtful* blessing in therapeutics.

For Texas Medical Journal.

HYDROSALPINX PROLAPSED INTO DOUGLAS' POUCH.—HYDROSALPINX DRAINED THROUGH THE UTERUS.—CHRONIC SALPINGITIS AND OVARITIS.

BY AUGUSTIN H. GOELET, NEW YORK.

A Clinical Lecture delivered at the West Side German Clinic, New York.

GENTLEMEN—The first case I will show you to-day is one of hydrosalpinx. The right tube is distended to about the size of a hen's egg, and is prolapsed into Douglas' pouch, bending the uterine end upon itself. This produces complete occlusion and prevents drainage into the uterine cavity.

The patient, Mrs. S——, aged 27 years, has been married six years, but has never been pregnant. She has suffered for the

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past year with severe backache and pain in the right ovarian region, with dysmenorrhœa and a profuse mucous leucorrhœa. The uterus is in good position, being only slightly anteflexed, and the tube and ovary of the other side appear to be normal. We have been able to relieve her pain and backache by means of fine wire faradization, and she has passed one period with comparative comfort, but it is impossible to remove the tube from its abnormal position, though it does not appear to be adherent. If this could be done, and if it could be maintained in good position, it might be possible to overcome the occlusion and drain it into the uterine cavity, and thus accomplish a cure without resorting to an abdominal section. My experience with such cases, however, leads me to the conclusion that an exsection of the tube is the only means of affording her permanent relief. I shall therefore advise operation. If she consents, you will have an opportunity of witnessing the operation and verifying the diagnosis.

In some of these cases, the treatment instituted in this case will afford complete relief of all the symptoms which will be prolonged for a considerable time, so that if the patient refuses to consent to an operation, or there is any other reason why it should not be done, and she is not obliged to work for a living, she can be made quite comfortable. Treatment may be suspended when relief is obtained, but should be recommenced upon a return of the symptoms. I recall a similar case upon which I operated about a year ago. She at first refused operation, and two months' treatment relieved her absolutely of every symptom. She was warned, however, that the relief would not be permanent. She presented herself three months later, stating that she had suffered no inconvenience since discontinuing treatment, except a slight backache during the last week. The local condition was found to be the same, no alteration in the size of the mass being appreciable. A month later, though there had been no recurrence of the symptoms, she consented to the operation on condition that only one ovary would be removed. The operation was entirely successful, and the patient is in excellent health to-day. The tube was not adherent in Douglas' pouch, and the ovary and tube on the other side were normal.

CASE II. The next case is also one of hydrosalpinx in which so far an operation has not been necessary and the patient's general health, as well as the local condition, is improving every day.

The patient, Mrs J., aged 27 years, has been married five years,

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and has had one child and one miscarriage, since which she has been in poor health. She has been under observation for something like eight months, though she has not come regularly for treatment. As so many of this class of patients do she has frequently suspended treatment for several months when she has experienced relief. When she first came under my observation she was greatly emaciated from constant suffering, but as you see now, her general condition is very fair.

The uterus was at first retroverted and fixed, both ovaries and tubes were dragged out of position, and the left tube was distended to nearly the size of that in the other case I showed you. The whole vaginal vault was exquisitely sensitive and an exact diagnosis could not at first be distinctly made. The treatment first instituted was vaginal faridization. Later, when the sensitiveness had to a great extent been overcome, mild galvanic applications of the negative pole were made to the endometrium, and these were followed each time by vaginal faridization. We were shortly rewarded by observing immediately after the applications a rather free discharge from the uterus and an evident diminution in the size of the distended tube, showing drainage by the natural channel had been established. This occurred after the second or third application to the endometrium. After the uterus had been rendered moveable and it could be replaced, it was supported at first by tampons, and later by a carefully adjusted pessary.

You will observe upon examinution that the uterus now retains a normal position when the support or pessary is removed. The tube is not distended and though not to be considered perfectly normal it is evidently giving no inconvenince.

I believe that under favorable circumstances this patient can get entirely well, though the outlook at first was not encouraging.

The same result may be brought about likewise when the tube is distended with pus, if there is not actual occlusion of the uterine end of the tube. In the majority of instances of moderate distention, unless the tube and ovary are prolapsed, producing occlusion, I believe the obstruction at the uterine end is due to tumefaction of the mucous membrane, and can be overcome, allowing drainage into the uterine cavity. Where there is actual occlusion, however, immediate steps should be taken to remove it. There is not that danger in temporizing in these cases of moderately distended tubes as some are inclined to make you be-

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lieve, because the distal end of the tube is sealed by inflammatory action at an early stage, and leakage into the peritoneal cavity is out of the question, unless rupture occur, which is exceedingly improbable. This is perfectly rational, for it would evidently be impossible for the tube to become distended unless the distal end is occluded. If it remained free, there would be constant leakage into the peritoneal cavity, as that end of the tube is larger than the uterine end, and is dependent; hence less liable to become obstructed.

CASE III. The next case is one of chronic salpingitis and ovaritis, which has been under treatment for two weeks.

The patient, Mrs. McE., aged 24 years, has been married four years but has never been pregnant. She had some dysmenorrhœa previous to marriage, and this became very much worse after, and she suffered with constant pelvic pain and backache, very much exaggerated by walking or standing. She had a profuse muco-purulent leucorrhœa when she first presented herself for treatment, but this is now much less, and thinner in character.

The vaginal vault was exquisitely sensitive to pressure on both sides of the uterus. The ovaries could be distinctly palpated, and were found to be enlarged and tender, but the tubes could not be clearly made out, because there was considerable infiltration. The endometrium was in a condition of similar inflammation, which was no doubt the origin of the tubal inflammation.

You will observe on examination all the physical signs I have mentioned, but you see she bears the examination now very well because the tenderness has been overcome by the treatment she has received, which has consisted of moderate negative galvanic applications to the endometrium and faradization of the vagina. The tubes can now be made out because the infiltration has been removed, and are found to be much thickened, as was to have been expected. The patient has been greatly relieved in the short time she has been under treatment. She has comparatively very little pain and can now walk several blocks without inconvenience, a thing that was out of the question before. There is no reason whatever why this patient should not get entirely well. She will get well under the line of treatment which has been instituted and be able to perform her household duties as well as she ever did. The question may be asked, will she become pregnant? That I cannot answer positively, yet I can see no reason

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why this will not be possible. My experience with these cases convinces me that under favorable conditions they may be cured without resort to operation. If the patient will exercise even ordinary care and the attendant will faithfully and patiently carry out the treatment, their efforts will be successful. You will have the opportunity to observe this case from time to time, to note the method of treatment and the improvement in her condition.

Current Medical Literature.

DEPARTMENT OF THERAPEUTICS.

EDITED BY DAVID CERNA, M. D., PH. D.,
Demonstrator of Physiology and Lecturer on the History of Medicine in the Medical Department of the University of Texas, etc.

THE THERAPEUTIC USES OF OXYGEN GAS.—Summing up his conclusions regarding the uses of oxygen gas by inhalation in medical treatment, G. Newton Pitt (*Medical Press and Circular*, January 24, 1894), says: 1. The inhalation of oxygen is of marvelous value in some cases of severe pneumonia, especially when there is much lividity and cardiac failure and at the crisis. It fails in other cases, and I should be inclined to suggest that where the condition is one of mainly cardiac failure and collapse, more benefit is obtained than in cases where the serious condition is especially due to a widespread œdema or bronchitis; but on this difference between the two classes of cases I should be glad to learn the experience of others. Some cases of severe bronchitis and asthma have, however, been benefited by oxygen. In one case of acute upon chronic bronchitis in an elderly lady, I saw some, though not very marked, relief of the dyspnœa. 2. In cases of empyema, pneumothorax, and pleuritic effusion, great relief can be afforded to the dyspnœa and cardiac failure until operative measures are undertaken. 3. Cases of feeble patients with phthisis may be relieved, but more often there is no marked change. 4. Cases of weakly convalescents and feeble cardiac cases will often derive great benefit, and inhalations may be given periodically for weeks; but oxygen will not restore to health; it must simply be used as an adjuvant. 5. Cases of chlorosis, pernicious anæmia, and leucocythæmia receive great temporary benefit, but the oxygen must be supplemented by other drugs. 6.

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Conditions of asphyxia and lividity from respiratory engorgement due to cerebral failure and also coma from various causes may be relieved. 7. Its value in uræmia, though insisted upon by French writers, is still problematical. 8. It may also be of value in diminishing the risks of anæsthesia.

THE ANTIPYRETIC ACTION OF GUAIACOL LOCALLY APPLIED.—Julius Friedenwald and H. H. Hayden, of Baltimore, (*New York Medical Journal*, April 14, 1894), published an excellent clinical report of the antipyretic action of guaiacol locally applied. Seventeen cases were treated, comprising 2 of pneumonia, 2 of typhoid fever, 2 of pulmonary tuberculosis, 1 of malaria, 2 of influenza, 1 of acute articular rheumatism, and 1 of erysipelas, in all of which the results were satisfactory. The local use of the remedy was in every case accompanied with profuse diaphoresis, and in some with marked general depression, but no symptoms of poisoning were observed. The authors, from the results obtained, conclude: 1. That this drug has a powerful antipyretic action, occasioning a reduction of from one to four degrees of temperature in from one to four hours. 2. That in all cases this reduction of temperature is accompanied by profuse diaphoresis, which may or may not be accompanied by a chill or chilly sensation. 3. That great exhaustion is frequently produced. 4. That the effects may be obtained from comparatively small doses (from thirty to fifty drops), and that great care should therefore be exercised in the use of the drug. The drug should be applied but once or twice daily, and the initial dose should not be above thirty drops. 5. That the effect produced by guaiacol, though more powerful, is the same as is obtained from most of the other antipyretics of the coal-tar series, and that the same care must therefore be exercised as with the other preparations. Its effect differs from the *stimulating* cold bath in being *depressant*. 6. That the main indication for its use is in diseases accompanied by high fever in which the cold bath can not be applied. It may therefore, be especially useful in typhoid fever, as well as in all other diseases accompanied by high fever in which irritability of the stomach prevents the use of other antipyretics.

THE HYPODERMATIC USE OF PILOCARPINE IN FACIAL ERYSIPELAS.—Julius L. Salinger, of Philadelphia (*Therapeutic Gazette*, March 15, 1894), give the details of two cases of facial

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erysipelas, out of twenty-eight cases observed, in which the subcutaneous employment of pilocarpine gave satisfactory results. Summing up these results, the author says that: In all the cases treated by this method (twenty-eight) the disease was comparatively severe. In none did the treatment last longer than eight days, and quite a number recovered in four days. Albuminuria, to a greater or less extent, was present in twenty-six cases, and lasted throughout the course of the disease. In the severest cases quite appreciable amounts could be obtained by the cold test with nitric acid. In none of the cases were tube-casts present. Four of the patients suffered from retention of urine. The good results obtained by pilocarpine must be ascribed to its action on the skin and subcutaneous tissues. Perhaps the sweating induced by its administration opens a passage for the expulsion of the bacilli which are responsible for this disease. Certain it is that larger quantities of urine are passed and retention rapidly relieved by pilocarpine. The advantage of administering pilocarpine hypodermically is to be found in its rapid action. In order to obtain the best results, the full physiological action of pilocarpine must be produced; that is to say, that unless marked sweating, increased salivation, and increased diuresis are noticed, good results will be looked for in vain. The only contraindications to its use would seem to be in cases of actual organic disease of the heart. Where cardiac disease is present, pilocarpine may have entirely too depressing an effect upon the circulation, nor would it be a safe remedy for old, enfeebled, and cachectic persons. When erysipelas occurs as a complication in another disease, pilocarpine has not shown itself to be effectual. It seems that, where erysipelas occurs as a secondary disease, the process is more severe. Hence so called idiopathic erysipelas is the only form of the disease in which pilocarpine may be safely and advantageously administered.

PARAFORM—AN ANTISEPTIC.—At a recent meeting of the Berlin Medical Society, Aronson (*Medical Week*, 1894, Vol. II, p. 143, *American Medico-Surgical Bulletin*, May 1, 1894,) recommended paraform (polymeric formic aldehyde) as an eligible antiseptic and disinfectant, particularly serviceable for disinfection of the intestinal tract. In surgery it may be employed for the disinfection of everything used for dressing, as well as of the operating room. Its chief advantage is said to consist in its retaining its activity while in a vaporous state. It is described

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as a white, crystalline substance, insoluble in water. On comparing the effects of paraform with those of iodoform, dermatol, salol, betanaphthol, and benzonaphthol, the author found that only paraform and betanaphthol prevented the development of bacteria. To arrest the growth of the typhoid bacillus, it was necessary to employ a 1:3000 solution of betanaphthol; while a 1:50,000 solution of paraform sufficed to do the same. With 5 centigrammes (¾ gr.) of paraform, 200 grammes (6½ fl. oz.) of urine were sterilized; whilst 15 centigrammes (2¼ gr.) of betanaphthol were required for the same purpose. The author has taken as much as 5 grammes (77 gr.) of paraform, without experiencing the slightest untoward effect. The physiological action of paraform is stated to resemble that of calomel, doses exceeding 3 or 4 grammes cause copious stools, while smaller doses rather constipate. Dr. A. has treated about twenty children affected with cholera nostras, by administering paraform in doses of 0.5-1 gramme (7½-15 gr.), obtaining the same effects as from the use of calomel. Pure paraform is said to be irritating to wounds; and when introduced into the organism, this remedy is believed to be volatilized in part, for, on being exposed for some thirty-six hours to a temperature of 38° C. (100.4 F.)—about the body temperature—it loses 10 per cent. of its weight.

THE MEDICINAL TREATMENT OF TYPHLITIS.—Grasset (*Rev. Gen. de Clin. et de Therap. University Medical Magazine*, May, 1894,) summarises his views on the treatment of this affection. The indications vary according as the attack is acute and inflammatory, or one of recurrent typhlitis between the attacks, or typhlitis with persistent fecal engorgement. In the last variety medicinal treatment is rarely available, and recourse must be had to operative interference. In recent typhlitis with acute exacerbations Grasset gives the following directions: 1. A warm bath is to be given lasting from half an hour to an hour. 2. Every hour the patient is to receive a teaspoonful of a mixture consisting of one part each of castor oil and almond oil, and two parts of syrup of lemon, until the bowels move freely. 3. Inunctions of an ointment of mercury and belladonna are to be made over the right iliac region, and are to be followed by the application of a large, thin, hot flaxseed poultice. In obstinate cases a drop of croton oil may be added to the purgative mixture.

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In recurrent typhlitis in the intervals between the attacks he advises: 1. A diet which leaves little residue. 2. The application once a week of the actual cautery to the painful and indurated region, also daily frictions of an ointment of belladonna. 3. For the relief of constipation, a pill at bed-time, containing one-sixth of a grain each of powdered belladonna, extract of belladonna, and podophyllin. 4. For the purposes of securing intestinal antisepsis, a powder or capsule, containing seven or eight grains of benzo-naphthol, before and after each meal.

QUININE AS A REMEDY FOR ENURESIS.—Under this title, Charles S. Potts, of Philadelphia (*Therapeutic Gazette*, April 16, 1894), publishes an interesting communication, and reports two cases of enuresis, successfully treated with quinine in full doses. The author believes that the results obtained seem to confirm Wood's theory of the choreic movement. In one of the cases reported the drug was given in as high doses as 40 grains a day, with the result that the enuresis was corrected. It was in this very case that the disease returned on the suspension of the quinine, but again disappeared on the re-administration of the medicament, showing a distinct beneficial action of the cinchona alkaloid. The author remarks, in speaking of enuresis. "It would seem that in this condition, as in chorea, quinine may prove useful to produce a rapid effect, but to secure permanent results the system must be built up by tonics and other appropriate measures in order to increase the general muscular tone, which it will be remembered is also lacking. If subsequent trials should give similar good results, the use of quinine should be preferable to that of belladonna, the old stand-by in this class of casses."

BISMUTH SUBGALLATE IN DERMATOLOGY.—It will be remembered that the common name of *dermatol* has been given to the subgallate of bismuth; the drug has been highly recommended locally applied in the treatment of skin diseases. In a recent article, J. Abbot Cantrell (*Therapeutic Gazette*, April 16, 1894), of Philadelphia, does not seem to have obtained good results from the use of this medicament. He summarises his results as follows: 1. The drug may not be toxic. I did not investigate this property, as I had occasion to use it externally only. 2. It is not superior to other iodoform substitutes, such as iodol and aristol. 3. It does not hinder discharge; on the contrary, it in-

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creases it. 4. It is decidedly irritating. 5. It is a stimulant rather than an astringent; in fact, it acted almost as a caustic in one or two cases. 6. It can not take the place that has been alloted to it. 7. I think we have more promising remedies.

DEPARTMENT OF PRACTICE OF MEDICINE.

EDITED BY PROF. ALLEN J. SMITH, M. D., GALVESTON,
Professor of Pathology and Lecturer on Mental and Nervous Diseases in the Medical Department of the University of Texas, Galveston.

ELECTRICITY IN THE TREATMENT OF GOITRE.—Dr. J. L. Howard (*American Practitioner and News,* February 10, 1894) states that during the past eighteen months sixteen cases of goitre have been treated by electrophoresis of iodine, at the clinic of the University of Louisville. Of these, seven have been discharged as cured; five are under treatment, all improving; and five have been lost sight of. The writer states that beneficial effects are to be obtained in any of the hypertrophic varieties of goitre, acute or chronic, by this method. In applying the method, a cup-shaped electrode of gutta-percha is employed as the positive element; in this cup is placed a small pledget of absorbent cotton moistened with a solution of sodium chloride, and containing eight or ten drops of Churchill's tincture of iodine. This is placed over the goitre, with the kathode upon the back of the neck, and the current is turned on gradually until the patient is able to taste iodine. Each application should last perhaps ten to fifteen minutes, and should be repeated two or three times a week, or daily, as the case requires. The writer refers to the fact that the iodine is forced through the tissues by the electric current, and that the negative electrode having been wet with a starch solution, will become blue from the formation of the iodide of starch when the current is passed.

TREATMENT OF ERYSIPELAS WITH STRONG ALCOHOL.—Dr. A. J. Ochsner, of Chicago, Ill. (*Kansas City Medical Index*, April, 1894), following the practice of Behrand, of Germany, recommends that in cases of erysipelas the surface be vigorously scrubbed three or four times daily with absolute alcohol. It is claimed that it will cut short the attack in from three to five days, the temperature being decidedly reduced in twenty-four hours, the blush almost immediately fading, and the patient feeling practically well after forty-eight hours.

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Correspondence.

POT-POURRI.

HEARNE, TEXAS, May 5, 1894.

Editor Texas Medical Journal:

In the incipient stage of pneumonia, when the breathing is labored, the pulse rapid, skin dry, temperature high, I have found one-tenth grain pilocarpine, combined with one-fourth grain morphia, to be sufficient to bring about resolution, and put the patient on the road to speedy recovery. Of course the alimentary tract must be looked after, and indications filled, and there is nothing better for this purpose than six grains calomel in two grain doses, one dose every hour and a half until all are taken, followed, if necessary, by castor oil and turpentine. This is my abortive treatment for pneumonia.

In profound cases of hysteria, wherein the patient becomes cold, pulse slow, and complains of internal pains radiating from the uterus,—generally to the left side,—with ice-cold extremities, simulating congestive chill, I have found nothing in the range of materia medica that will bring such a case around more quickly than one-tenth grain apomorphia, hypodermically administered. Emesis is produced in two minutes, the patient is relaxed, her hysterical convulsions and rigidity of body are gone. For after, and preventive treatment, I would put the patient on penta-bromides, Peacock's bromides, and celerina, combined in equal parts.

Just here I want to claim priority in the use of apomorphia in asphyxia by inhalation of gas. A case in point: Last June, while attending the National Railway Surgeons' Convention, at Omaha, Nebraska, one morning, just after breakfast, Drs. Dewey and Talley, of Missouri, and myself were sent hurriedly up the elevator of the Barker hotel to see a man who at 11 o'clock the previous night had blown out the gas in his room, and as a result, at 8 o'clock the next morning was found pulseless, breathless, and apparently lifeless. After all except myself had suggested a whiskey drench, which failed on trial, I asked Dr. Dewey if he had his hypodermic syringe and a vial of apomorphia pellets. Responding in the affirmative, he kindly handed me his instrument—a Parke-Davis aluminum syringe, which, by the way is one of the best on the market. I adminis-

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tered hypodermatically two one-tenth grain pellets of apomorphia. Within three minutes, the man was vomiting copiously, his respiration and circulation restored. In half an hour he was pronounced out of danger, and two hours afterwards left the hotel,—a wiser man, no doubt, than when he went there.

Whilst in this field, thinking of the great usefulness of this drug, I would say I would not hesitate to use it in a case of drowning, as I am quite sure it would produce all the results that could be produced by artificial respiration, and possibly more. If reflex action be not destroyed, life would certainly rally its force through the instrumentality of this great drug, which is simply the emetic principle of opium.

THOMAS J. PUGH, M. D.

Society Notes.

The Twenty-Seventh Quarterly Meeting of the Austin District Medical Society will be held in the Knights of Pythias hall, Austin, Texas, Thursday, June 21, 1894.

PROGRAMME.

1. "After Treatment of Abortions," by Dr. J. Cummings; discussion opened by Dr. J. C. Anderson and Dr. T. D. Wooten.

2. "The Cause and Prevention of Prostitution," by Dr. Isaac J. Jones; discussion opened by Dr. B. M. Worsham and Dr. J. W. Carhart.

"The Modern treatment of Hemorrhoids," by Dr. T. J. Bennett; discussion opened by Dr. J. S. Brown and Dr. A. Garwood.

4. "Spinal Concussion," by Dr. R. M. Swearingen; discussion opened by Dr. F. R. Martin and Dr. F. S. White.

5. Voluntary papers and reports of cases.

T. J. BENNETT, President.

S. E. HUDSON, Secretary.

Central Texas Medical Association will hold its semi-annual session in Waco, July 10th and 11th prox. Dr. J. M. Frazier, late of Morgan, now of Belton, is President, and Dr. H. S. Taylor, Secretary.

Dr. O. I. Halbert, the county physician, will have a paper on Tuberculosis.

Dr. W. R. Blailock, a paper on Asepsis and Antisepsis; Dr. R.

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C. Nettles, a paper on Contagion; Dr. D. Parker, on Organizing the Profession; Dr. Hale, on Pelvic Cellulitis; Dr. E. C. Gordon, on Nephritis; Dr. Howard, on the Hypodemic Syringe; Dr. M. D. Knox, on Valvular Disease of the Heart. It will be a most interesting meeting, and all good doctors should attend.

The Transactions of the Pan-American Medical Congress.—The proceedings of the first Pan-American Medical Congress were compiled by the Secretary-General, Dr. Charles A. L. Reed, and transmitted to the Department of State in November, 1893. By recent joint resolution in the Senate and House of Representatives, the manuscript was transmitted to Congress, and a concurrent resolution has been adopted directing a public printer to print the same. The manuscript is now in the office of the public printer, and will be put to press at once, under the supervision of the Editorial Committee, of which Prof. John Guiteras, of Philadelphia, is the chairman.

Blue Noses or Noses "Blew."—"Let me feel your head," said the itinerant phrenologist to Suggs. "No," said Suggs, "you may feel my hat." (The hat was felt.)

Now, when one blows his nose is it a "blew" nose? (When we have a fierce cold wind in Texas they say it is a "blue norther," because the wind "blew" so hard presumably); "the wind blew a hurricane," etc.

At the druggists' convention (State Pharmacal Association) in Austin last month, a "query" was propounded: "How best can the red color of the nose caused by drinking, be removed?" One delegate exclaimed, "Oh, the nose be blowed! what are we here for?" And "blowed" or "blewed" it was, for another delegate settled the question by offering, as answer to the query, "let him keep on drinking until the nose gets blue." (That was a terrible blast.)

Another query was, "why can a man in San Antonio (dry climate) drink fifty consecutive drinks, regulation size, without feeling the effect of it, while in Galveston twenty-five drinks will make him as drunk as a biled owl?" They all gave it up,—and one gentleman of an inquisitive turn, wanted to know if such was a fact? Referred to Professor Kennedy for investigation and report at the next meeting.

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THE DEADLY "DOCTOR."

"Children and fools should beware of sharp tools" is an old saying, of much significance. It has a wide application. An instance wherein the injunction was unheeded by one who may well be classed with the latter, has come to the knowledge of the JOURNAL. The adage may be paraphrased thus: "ignorant doctors should beware of dangerous drugs."

Attending a large female school in South Texas is a certain young girl from a neighboring county. She suffered much from headache, and so wrote her mother. The child is thirteen years of age. The mother consulted her "family physician," and said f. p. sent the child a box of 12 powders, with the following lucid directions written on the lid:

"Directions: Take 5 powders (every 3 hours one dissolve in a tablespoonful of water during twelve hours."

Thinking, from the wording of the directions, that she was to take five powders at one time, and the powders being very large, —five grains each—the child tried to make matters satisfactory by taking them—according to "directions" also—one, dissolved in tablespoonful of water, one at a time, every few minutes, till she had taken five. She thus took five powers in five doses all within about ten minutes.

She went to her room where soon afterwards she was discovered lying across the bed—to all appearance dead. Dr. Jones, living near the college, was summoned, and found the child deeply cyanosed, respiration almost stopped—sighing occasionally, only,

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lips livid, pupils dilated, skin cold, clammy and almost insensible to touch,—limbs paralyzed,—still she said she felt well, and was surprised at the attention being given her. Prompt measures restored the child in due time.

She had taken twenty-five grains antifebrin,—and by direction of her mother's "family physician." Had she been able, she would have taken the 60 grains in 12 hours,—and been a corpse.

Medical News and Miscellany.

Dr. J. M. Frazier has removed from Morgan, Bosque county, to Belton, Texas.

Dr. J. B. Dunn, late of El Campo, committed suicide at Weimar, Texas, Friday night, June 1st, aged 30. Despondency said to be the cause of the rash act.

Dr. Van B. Thornton has removed from Hempstead to Galveston. We commend the doctor to the people of Galveston as a most worthy gentleman and physician.

For Sale.—My home and good will. A great bargain. Fine location in Henrietta, Texas. Address:

S. G. BITTICK, M. D., Henrietta, Texas.

Dr. A. F. Sampson, of Galveston, has gone on a trip to his old home in South Carolina, and will visit New York and Virginia. He has been worked very hard lately and has earned a rest, which he much needed.

Dr. J. T. Music, of Pittsburg, had the misfortune to lose his son, Claude, by drowning recently. He was a fine lad, just 17 years old. The JOURNAL extends its sympathy to the doctor who is one of its long-time friends.

Dr. R. C. Hodges has removed from Galveston to Houston. He has resigned the position of Lecturer on Ophthalmology in the Texas Medical College, and will devote his entire time to his practice. By the bye, the doctor is a good writer and will contribute to the JOURNAL at intervals.

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Dr. Emory Lanphear, for many years editor of the *Kansas City Medical Index*, has resigned the chair of Operative Surgery and Clinical Surgery in the Kansas City Medical College and has removed to St. Louis. He makes the change in order to become Professor of Surgery in the St. Louis College of Physicians and Surgeons, one of the oldest and strongest medical schools of the West.

Married June 7th inst., at Grace Church Galveston, Dr. Seth Mabry Morris, of the Medical Department, University of Texas, to Miss Eulah Francis Evans, daughter of Mr. and Mrs. Wm. E. Evans, of that city. Prof. Morris and bride sailed immediately for Europe, and will visit all the European cities, spending the summer abroad, and returning in the fall in time for the doctor to resume his duties of Professor of Chemistry in the Texas Medical College. *Bon voyage.*

Harry Whitener, of Burton, Texas, took the prize for general proficiency in all branches at Medical Department University of City of New York. The prize was $500 in cash. He received also the appointment as interne at Bellevue Hospital—being one of twelve students selected from all states. This is a distinction of which any young man may well be proud; it reflects credit upon his preceptor, our friend Dr. W. Neal Watt, now of Austin, and upon the State of Texas.

Prof. J. S. Cain, M. D., so long and favorably know as Dean of the Nashville Medical College (Medical Department University of Tenn.), has resigned that position, and the chair of Practice of Medicine and General Pathology. He now holds the Deanship in the Sewanee Medical College, and fills the chair of Practice of Medicine, and is devoting his time and best energies to the building up of that excellent summer school, determined to make it the best school of the kind anywhere. This has long been a favorite idea with the doctor, and he is to be congratulated on his eminent success so far as attained.

Intertropical Fruit Trade.—Under the Governor's proclamation, all ports south of 25° north latitude are included in the general quarantine restrictions from May 1st to November 1st. Meantime it was thought advisable, if possible, to make some arrangement whereby the trade in fruits between the Gulf States and the West Indies and South and Central America could be

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carried on. A conference of Gulf State Health Officers was held in New Orleans February, 2d, and it was decided to permit such trade under certain restrictions. Rules were adopted under which every precaution against infection is to be taken, and the first fruit steamer, the "Giller," sailed from Galveston May 2d, for all Cuban ports. She will make monthly trips, and if it is found a successful venture, the Galveston dealers will put on other vessels. An acclimated crew is required, both in loading and unloading, and the ship is required to carry and pay an experienced yellow fever physician as ship's surgeon. This officer is appointed by the State Health Officer in Texas, and by State Board of Health in New Orleans, and we are pleased to announce that Dr. Thos. J. McFarland, of Port Lavaca, Texas, an old Confederate surgeon and an experienced yellow fever physician, as well as an experienced quarantine officer, has been appointed by State Health Officer Swearingen, and commissioned by the Governor, as surgeon on the Giller. The people of Texas may sleep in peaceful security, so far as any danger of the Giller's imparting any yellow fever is concerned, so long as Dr. McFarland is on deck. An excellent appointment.

Texas Graduates.—The Memphis Hospital Medical College, out of a graduating class, this spring, of 122, graduated thirty-seven Texas students, as follows:

J. A. Adams, Chester.
J. M. Andrews, Alto.
S. Ballard, Blivins.
A. F. Beddo, Dallas.
A. T. Bryant, McKinney.
L. R. Cade, Burkeville.
H. R. Carwile, Atlanta.
W. M. Clark, Newton.
J. W. Duncan. Salona.
W. T. Fuller, Pike.
F. M. Hamil, Wills Point.
J. E. Hamilton, Caldwell's store.
S. H. Haynes, Runge.
E. D. Jeter, Myrtle Springs.
T. F. Jones, Adamsville.
W. R. Lawton, Frog Level.
M. H. Logan, Morgan's Mill.
J. B. Maples, New Salem.
C. R. Matthis, Sonora.
T. W. May.
W. P. McCall, Ennis.
J. D. McClinton, Gatesville.
L. F. Overton, Timpson.
S. M. Oxner, Edgewood.
L. W. Price, Eliasville.
J. A. Rawls, Cotton Gin.
J. T. Rutledge, McKinney.
H. E. Sanders, Pine Hill.
J. W. Shaw, Shaw.
H. J. Short, Sandusky.
T. P. Spring, Campbell.
L. F. Taylor, Little River.
L. A. Thompson, Madras.
A. K. West, Uvalde.
C. E. White, Wagner.
E. D. Williams, Ironosa.
S. A. Woodward, Queen City.

The following prizes were offered: For general proficiency in all branches—competitive examination:

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First prize, $100 cash; second prize, $50 cash; third prize, $50 cash.

Special prize: Best examination in General Surgery, with report of Surgical Clinic—Gross' pocket case.

Special prize: Best examination in Principles and Practice of Medicine—Buggy medicine case.

Special prize: Best examination in Anatomy—Gross' pocket case.

Special prize: Best examination in Materia Medica—Urinary test case.

At a final examination, rigid and exacting, a tie vote resulted between ARCHIE KELLEY WEST, of Uvalde, Texas, and M. E. Holder, of Mississippi. It was compromised by lumping the first and second prizes and giving $75 to each. And each of these gentlemen also took one of the special prizes, Dr. West, of Uvalde, taking the fine buggy case, the prize for Practice. Texas students are thus encouraged. A cash prize of $100 will pay for the whole course, and a buggy case will equip a young doctor to start out.

Book Notices.

THE PRISON QUESTION. By Charles H. Reeve, of Plymouth, Indiana. A theoratical and philosophical review of some matters relating to Crime, Punishment, Prisons, and Reformation of Convicts; with a glance at Mental, Social and Political Conditions, and some suggestions about Causes, the Prevention of Crime and of the Production of Criminals. Designed to show how society may protect itself against the disorderly element and check the rapid increase in the prison population. Copyright. Octavo, 200 pages, printed on heavy tinted and calendered paper, in clear, handsome type, leaded, widely spaced, and neatly bound in best cloth. Sent by mail on receipt of price—$1.25. Address the author, at Plymouth, Indiana.

There is no subject which more vitally affects the interests of the general public and which more imperatively demands attention, consideration, and judicious action, on the part of all the moral and intelligent people of the nation, than does the one relating to the defective and criminal portions of the population.

The aim of this book is to call attention to the subject, and in an order not before attempted, to present some facts as to some of the conditions, causes and relations involved in it, with suggestions for improvements in the methods of dealing with them.

"I can hardly conceive of a work which could condense into so small a space as lucid as scientific an exposition of the highest

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and latest development of the subject. . . . I have nowhere seen so bold, fearless and truthful expression of the leading features of the prison problem, and I firmly believe that, if it is worked out on the lines laid down in this treatise, more tangible results will follow in the diminution of the volume of crime than has been attained during all the years of discussion."---*Captain John W. Pope, U. S. Army Commandant of the Military Prison, Leavenworth, Kans.*

We have read the book with great interest, and can commend it to our readers as the best book on the subject we have ever seen.

A MANUAL OF NURSING IN PELVIC SURGERY. By Lewis S. McMurtry, A. M., M. D., Professor of Gynecology in the Hospital College of Medicine, Louisville; Surgeon-in-Charge of the Jennie Casseday Infirmary for Women; Gynecologist to Sts. Mary and Elizabeth Hospital, etc. 82 pages. Illustrated. John P. Morton & Co., Publishers, Louisville, Ky.

This book is designed especially for nurses, but contains many points that may be studied with benefit by the surgeon. The first chapter, on "General Considerations," gives instructions to the nurse on the pelvic, the pelvis organs and their diseases; and the operations necessary for the relief or cure of these diseases. The second chapter treats more particularly of surgical cleanliness, and the necessity for its observance and enforcement by the nurse. Then follow chapters on each of the following subjects: Preparation of instruments, etc., Preparation of patient, The care of the patient after the operation, Complications, Operations in private houses.

It is a valuable little book, and Dr. McMurtry has done the profession a service in getting it up in a form so convenient and practical for the nurse; and every surgeon should see to it that those who are to nurse his gynecological cases are provided with a copy of it. H.

OPERATIVE SURGERY. By Th. Kocher, M. D., Professor at the University and Director of the Surgical Clinic at the Berne University. 8vo, 288 pages, 163 illustrations. Extra muslin, price, $3.00. William Wood and Company, Publishers, 43, 45, 47 East Tenth St., New York City.

To become a successful surgeon it is absolutely necessary that the operative technique should be mastered. This is the branch of surgical science in which most young surgeons are deficient in knowledge, and in which the majority of our surgical text-books are sadly wanting. It is the purpose of the author of this book

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to provide a concise and ready hand-book, giving the different steps of the various surgical operations, and by means of which the operator may quickly post himself. The author is very explicit in his instructions for making the first incision, especially its direction and depth.

Besides the consideration of the actual operations, the book gives full directions for the preparation of the patient, the operating room, surgical dressings, etc. Anæsthetics are also given careful consideration, and their relative advantages and disadvantages are discussed.

The book is printed on excellent paper, and is handsomely bound. It will meet with appreciation and will fill an important place in the library. H.

INTERNATIONAL CLINICS.—A Quarterly of Clinical Lectures on Medicine, Neurology, Pædiatrics, Surgery, Genito-Urinary Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Otology, and Dermatology. By Professors and Lecturers in the leading Medical Colleges of the United States, France, Great Britain, and Canada. Edited by Judson Daland, M. D., Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania, etc., etc. J. Mitchell Bruce, M. D., F. R. C. P., London, England, Physician and Lecturer on Therapeutics at the Charing Cross Hospital. David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, Professor of Practice of Medicine in the University of Aberdeen; Physician to, and Lecturer on Clinical Medicine, in the Aberdeen Royal Infirmary, etc. Volume I, Fourth series, 358 pages octavo. Illustrated. Sold only by subscription. Price per volume, cloth, $2.75; half leather, $3.00. Price per series, (4 volumes), cloth, $11.00; half leather, $12.00. J. B. Lippincott Co., publishers, Philadelphia.

This work is a collection of the clinical lectures delivered by leading medical teachers in this country, Great Britain and Canada, as reported by competent medical stenographers, and each lecture is afterwards revised by the professor or lecturer who delivered it. Only those lectures are selected which are of the most practical interest to the physican, and they are grouped and arranged by the editors in the form best suited to a work of this character.

It is not at all surprising that the "Clinics" is growing rapidly in popularity, as it furnishes the nearest approach to an attendance on a post-graduate course, once every three months. Each article is from an experienced teacher, and represents the very latest views of the best men in the medical profession. The "Clinics" is free from antiquated and out-of-date matter, and we are more pleased with it now than ever before. H.

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MEDICAL JURISPRUDENCE, FORENSIC MEDICINE, AND TOXICOLOGY. By R. A. Witthaus, A. M., M. D., Professor of Chemistry, Physics, and Hygiene, in the University of the City of New York, etc., etc., and Tracy C. Becker, A. B., LL. B., Counselor-at-Law and Professor of Criminal and Medical Jurisprudence in the University of Buffalo. In four volumes. Volume I. Large 8vo, 845 pages, illustrated with wood-cuts and two lithographic plates in colors. Price, in muslin, $5.00; in brown sheep and in law style, $6.00 per volume. Sold by subscription only. William Wood and Company, Publishers, 43, 45 and 47 East Tenth St., New York.

In the preparation of this work the editors have followed the same method as that which was used in the preparation of "The Reference Handbook of the Medical Sciences," i. e., to each contributor has been assigned that subject to which he has devoted most study and research. The list of contributors has been carefully selected from among the leading men of both the medical and legal professions, and it may be said to the credit of those who have contributed to volume I. that the excellence of their contributions, severally and collectively, demonstrates the wisdom of the selections made by the editors. The following is the list of contributors tot his volume:

T. C. Becker, Esq., Chas. A. Boston, Esq., Hon. Wm. A. Poste, August Becker, Esq., H. P. Loomis, M. D., J. C. Rosse, M. D., George Woolsey, M. D., Roswell Park, M. D., E. V. Stoddard, M. D., W. N. Bullard, M. D., D. S. Lamb, M. D. The introduction, comprising twenty-five pages, and giving a short history of medicine and jurisprudence, together with medical and medico-legal writings, from the earliest periods of medical history up to the present time, was written by Dr. R. A. Witthaus, one of the editors.

In the arrangement of the matter, the primary divisions into the three sciences of medical jurisprudence, forensic medicine, and toxicology, has been adopted. In this volume the division of pure medical jurisprudence, and the thanatological division of forensic medicine are considered. The application of the microscope to forensic medicine, and the bio-thanatological and biological divisions of the same will be treated of in the second and third volumes, while the division of toxicology will be contained in the fourth volume.

It is safe to say that if the succeeeding volumes of this work come up to the high standard of excellence as established by volume I, it will be many years before there is a work on medical jurisprudence to compare with it. It is by far the best work on the subject yet published. H.

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THE TREATMENT OF CUTANEOUS MALIGNANT EPITHELIOMATA (CANCERS). By A. R. Robinson, M. B., L. R. C. and S. (Edin.), Professor of Dermatology at the New York Polyclinic; Attending Physician to the New York Cancer Hospital; Member of the American Dermatological Association, etc., etc., 63 pages. Illustrated. Price, cloth, $1.00 The International Journal of Surgery Co., Publishers, 14 Platt St., New York City.

The etiology of cancer being a much disputed question, the author of this little volume had the good judgment to have but little to say on this question. He has confined his remarks principally to the pathology and treatment of this variety of cancer. In the matter of treatment he reviews the different surgical procedures, giving the advantages of each method, and he seems to favor in almost all cases, either the excision method or the use of caustics in the form of pastes. In comparing these two methods, he says: "The use of certain caustic agents, judiciously and properly applied, is of the greatest service in the treatment of cutaneous cancers, and, in the majority of cases, far superior to the knife in securing their permanent removal with the least amount of deformity."

We are highly pleased with the book, and we do not hesitate to say that every physician in this country should be the possessor of a copy of it. Many cases of epithelial cancer can be readily and easily cured if an appropriate line of treatment is adopted in the beginning, and no practicing physican can afford not to be in possession of the necessary information. H.

HOW TO USE THE FORCEPS: With an introductory account of the Female Pelvis and of the Mechanism of Delivery. By Henry G. Landis, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in Starling Medical College, Columbus, O. Revised and enlarged by Charles H. Bushong, M. D., Assistant Gynecologist to Demilt Dispensary, New York. 203 pages; 27 illustrations. Price, cloth, $1.75. E. B. Treat, Publisher, 5 Cooper Union, New York City. 1894.

No one should attempt to practice obstetrics until he is perfectly familiar with the use of the forceps. Yet practitioners are often found who are not only ignorant of the anatomy of the pelvic organs, the mechanism of delivery and the indications for the use of the forceps, but who are actually unable to introduce the forceps, and totally ignorant of the proper way to make traction. To all such we would recommend this book by Drs. Landis and Bushong. In Part I. is discussed the *Mechanism of Labor*, the anatomy of the pelvis, the propelling forces, the body to be propelled, the mechanism of delivery, and the different presentations,

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positions, etc. Part II. is devoted to the consideration of the forceps, the different makes and shapes. *The application of the forceps*,—at the inlet, at the outlet; on the after-coming head—traction, compression, leverage, flexion, and rotation. *When to use the forceps*,—during the second stage, during the first stage, for certain accidents of labor, and for secondary purposes. Part III.—*Application and Cases*. Critical remarks, the perineal body, the use of the forceps, preparation for their use, symphyseotomy, and illustrated cases. H.

AN AMERICAN TEXT-BOOK OF GYNECOLOGY, MEDICAL AND SURGICAL, FOR STUDENTS AND PRACTITIONERS. By Henry T. Byford, M. D.; J. M. Baldy, M. D.; Edwin B. Cragin, M. D.; J. H. Etheridge, M. D.; William Goodell, M. D.; Howard A. Kelly, M. D.; Florian A. Krug, M. D.; E. E. Montgomery, M. D.; William R. Pryor, M. D.; George M. Tuttle, M. D. Edited by J. M. Baldy, M. D. In one handsome royal octavo volume of 713 pages, with 360 illustrations in text, and 37 colored and half-tone plates. Price, cloth, $6; sheep, $7; half Russia, $8. W. B. Saunders, Publisher, 925 Walnut Street, Philadelphia.

Saunders' text-books are becoming very popular, and they deserve to be more widely known and more generally studied by both students and practitioners. This new candidate for honors is prepared on the same plan of the American Text-Book of Surgery. It is the product of the combined labors of a number of our best gynecologists, all of the authors being teachers. The subjects are discussed from the standpoint of a teacher, and the large number and fine quality of the illustrations enable the authors to make themselves readily understood without going into explanatory details. It is largely a system of object lessons, being at once short and comprehensive, and they will for this reason be longer remembered.

In the book, the various subjects belonging to gynecology are ably discussed, and it is free from the extremes usually met with in a book all of which is written by one man. It is true that some new subjects have been introduced, and a number of old ones have been discussed from an entirely new standpoint, but the many advances that have recently been made in this branch of medical and surgical science necessitate these changes. Indeed, it is largely for this purpose that the book has been written. A medical book at this time is almost worthless if it is not "up to date."

Dr. Baldy is to be commended for his excellent work, the

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securing of the services of his eminent assistants, and the good fortune of having so enterprising a publisher.

The book will no doubt take first rank among the works on this subject. H.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX: A Work of Reference for Medical Practitioners. The conjoint authorship of thirty-nine distinguished American, British and Continental authorities. 703 pages, 29 plates, and 70 wood cuts. Price, cloth, $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York. 1894.

This is the twelfth year of publication of the International Medical Annual, and the present volume—1894—is larger and better than any of its predecessors. It contains a concise, and yet complete report of the progress of medical science, in all of its branches, throughout the world. As a practical ready reference work, it has no equal. The design of the book is to bring the general practitioner into communication with those who are advancing the science of medicine, and to furnish him with a concise report of all that is new and worthy of preservation. With this book in his possession, the doctor will find it comparatively easy to keep up with the advanced thinkers of the profession, and the low price at which the publisher is offering it places it within the reach of all. H.

OUTLINES OF PRACTICAL HYGIENE ADAPTED TO AMERICAN CONDITIONS. By C. Gilman Currier, M. D., Visiting Physician to the New York City Hospitals; Fellow of the New York Academy of Medicine; Member of the New York Pathological Society; Member of the American Medical Association, etc. One large octavo volume, 468 pages. Illustrated. Price, cloth, $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The author of this book is a practical sanitarian and an expert specialist; and recognizing, as he says, "That 'Preventive Medicine' is not only the 'medicine of the future,' but is fast becoming the 'medicine of to-day,' and that it is the duty of every physician to utilize all the known means for the prevention of disease and the prolonging of human life," he undertook the preparation of this volume. To assist him in its preparation, he had access to the principal books, monographs, periodicals, etc., bearing on this subject, and the assistance of a number of the leading scientific men of this country. The purpose of the author was to elucidate the truths of science, and not to mask them. He has endeavored to use the simplest language possible to convey his ideas, and to eliminate, as far as possible, Greek and other foreign synonyms. The book is a practical one, and possesses unusual merit. The following list of contents, from chapter headings,

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will give some idea of the scope of the work: Soil; Climate; Protection of Body; Clothing; Bathing; Personal Hygiene; Physical Exercises; Schools; Occupations—Their Influence on Health; Heating; Lighting; Buildings; Ventilation; Diet; Foods—Their Preparation and Adaptation; Water and Water Supplies; Fluid Waste; Sewers; Drainage; Plumbing; Garbage and Other Refuse; Disposal of the Dead; Human Excreta, Disposal of; Bacteria and Disease; Infectious Diseases; Disinfection; Restriction; Communicable Diseases. H.

OUTLINES OF OBSTETRICS: A Syllabus of Lectures Delivered at the Long Island College Hospital. By Charles Jewett, A. M., M. D., Professor of Obstetrics and Pædiatrics in the College, and Obstetrician to the Hospital. Edited by Harold F. Jewett, M. D. 264 pages. Price, in cloth, $2. W. B. Saunders, Publisher, 925 Walnut St., Philadelphia.

This syllabus is prepared for the especial use of the medical student, to assist him in the didactic and practical work during his college course. The author's idea is, and it is a correct one, that if the student has a good foundation upon which to build his superstructure, if he is well grounded in the general facts and principles, secures a classified knowledge of the outlines of his subject, the acquisition of a complete and systematic knowledge of the subject becomes a matter of comparatively easy growth. Perhaps no one can more fully appreciate the work of the author of this volume, than the medical student, who realizes that he has not the time to read over the average medical text-book, much less remember what it contains. It is very evident that the student would learn much more from a short treatise, giving all the principal and practical facts, than from a voluminous work. This book will also be found an excellent hand-book for ready reference by the busy practitioner. It contains many hints and practical points not found in the ordinary text-book. H.

THE JOURNAL is in receipt of the new sixth edition of A. S. Aloe Company's Surgical Instrument Catalogue. This is a nice volume, of nearly eleven hundred pages, bound in cloth, with rich, gold letters, and profusely illustrated throughout. It contains not only an illustration of the instrument, but a description of its use and the operations in which it is needed. The old plan of quoting gross prices and furnishing a discount sheet, has been abandoned, and the much better plan of printing net prices for each and every instrument has been adopted. This will save much time and labor to the purchaser. This magnificent catalogue is a necessity in the surgeon's office, and it can be had for the small sum of 50 cents, to pay express charges.

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Publishers' Notes.

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Member of Gen. Council, University of St. Andrews.
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University College of Medicine, Richmond, Va.—The JOURNAL presents in this issue the announcement of this college, formerly known as the College of Physicians and Surgeons. The change was made in May, 1893, the aim being to establish in Richmond a great Southern Medical University. Dr. Hunter McGuire, LL. D., M. D., is president, and Dr. J. A. White, secretary and treasurer. A three years' graded course is required. The regular session begins September 18th, and will continue seven months. The JOURNAL commends this College to the favorable consideration of its readers.

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Barnes' Medical College.—In our list of college announcements there is none to which we take more pleasure in referring our readers and students than to this new and enterprising school. Though young in years, it has taken a position in the front rank of similar institutions, and has made great headway in popularity with the Texas boys. Dr. C. H. Hughes, the well-known neurologist, is President, and Dr. Pinkney French is Secretary of the faculty. Send for catalogue.

Taylor Brothers Company, of Rochester, N. Y., manufacture a clinical thermometer which is certified to as to accuracy, and experience has demonstrated that it has no superior in any market in the world. They reject any imperfect thermometer, which adds much to the cost of production, hence makes its price higher than that charged for inferior instruments. If any physician wishes to obtain an accurate clinical thermometer, he can do so by purchasing a Taylor certified instrument.—*Buffalo Med. & Surg. Journal.*

The North-Western University Medical School (Chicago Medical College) has an announcement in this issue, to which we gladly call attention. This very popular school is now occupying its magnificent new buildings, has a new laboratory building, new equipments, etc. It has a strong faculty, good hospital facilities, and furnishes every advantage for the successful teaching of medicine. A preliminary examination and a four years' course are required. Dr. N. S. Davis is the president, and Dr. F. S. Billings is secretary of the faculty.

DIXON, ILL., March 7, 1894.

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The Missouri Medical College, the oldest and one of the most popular medical schools west of the Mississippi river, is a candidate for patronage, and it is safe to say that it will get its full share from Texas. With increased facilities, an excellent location, the best of equipments in the way of chemical and pathological laboratories and museums, together with its splendid hospital advantages, there is no reason why the "Old Missouri" should not have a larger patronage this year than ever before, and the medical student will be neglecting his opportunities if he does not investigate the merits of this school before deciding as to where he will attend lectures.

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Labordine is unexcelled by any of the Coal-Tar Products of their compounds, as an antipyretic, analgesis and anodpne, compatible with all drugs, therefore most useful and indicated in all diseases of inflammatory and nervous origin. **PRICE $1.00 PER OUNCE.** (Powder or 5 grain tablets.)

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Metrorrhagia.—T. Henson Smith, L. R. C. P. & L. R. C. S. & L. M., Reddish Green, near Stockport, England, says: I have found the *Aletris Cordial* useful, chiefly in case of irregular and difficult menstruations. In one case, a girl of twenty, who has been under my treatment a year with irregular and painful menstruation, I have been able to afford complete relief by giving the *Aletris Cordial* in teaspoonful doses, commencing about two days before the period, and during the time of menstruation. I have also tried it in a case of dysmenorrhea, with megrimes. The result has been to remove the dysmenorhea and relieve the headache. I have found it beneficial in many uterine cases.

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It is well equipped in every way for the work engaged in. One glance at its well stocked laboratories, its clinic rooms, at times filled to overflowing with patients; at its hospital adjoining the College, would convince anyone, that here is a school having advantages equal to any in the country. This school is situated in a city of 200,000 people, and is now thirteen years old. A

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Fig. XVII—Dorsal.

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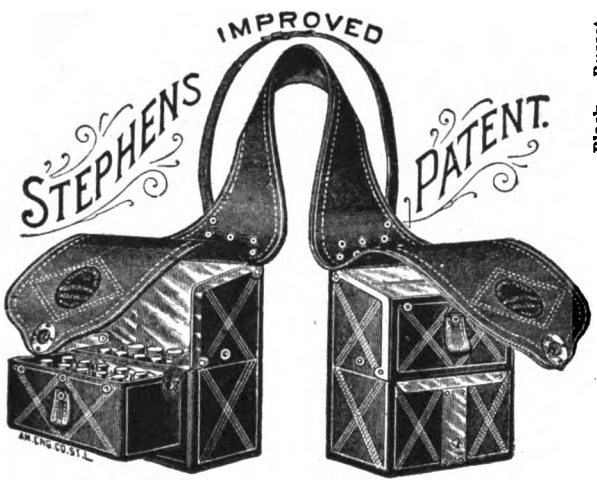

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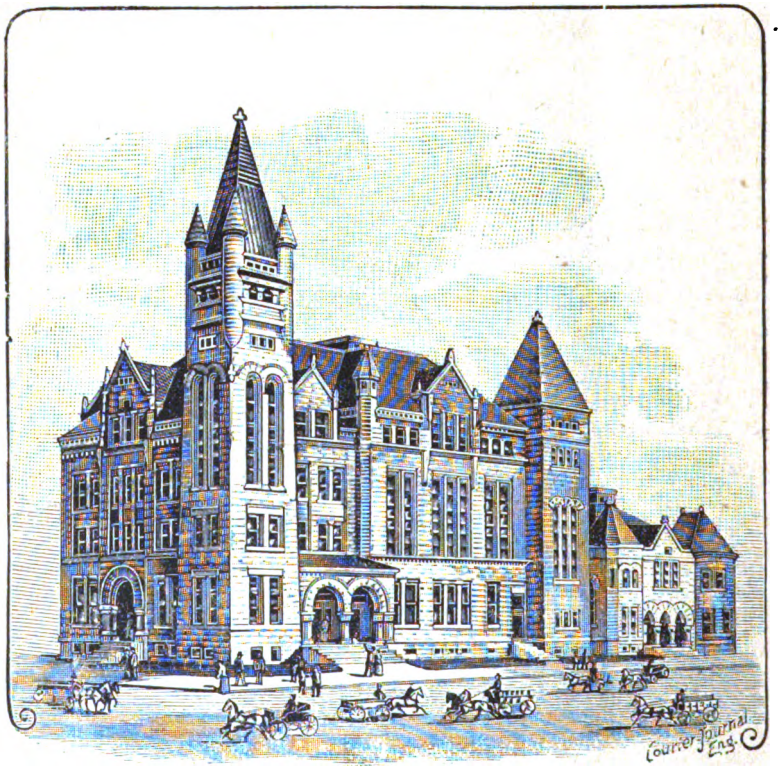

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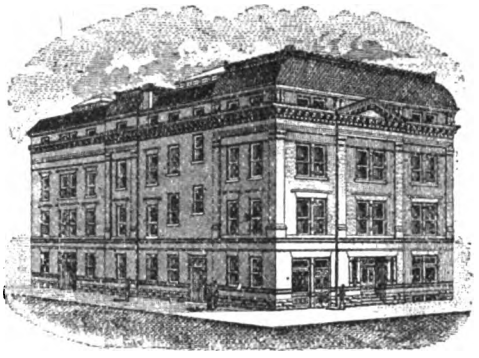

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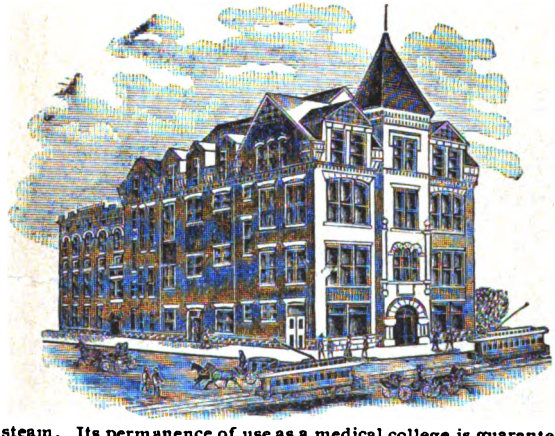

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